

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

May 12, 1984

a Benn publication

NHS contract  
must be with  
pharmacist,  
not joint,  
says Council

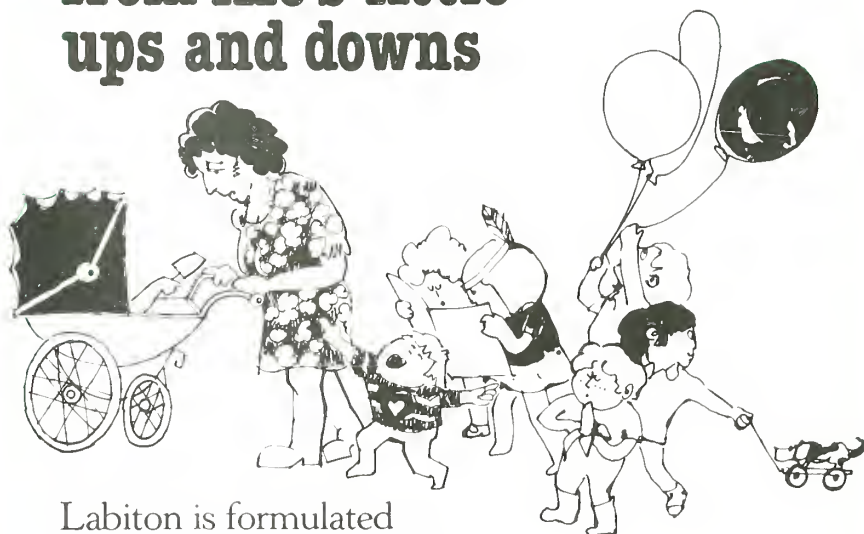
Misleading  
prices ban  
proposed

Unichem drive  
to recruit all  
independents

Numark take  
lead in  
nappies

OTC update:  
allergic  
rhinitis

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# CHEMIST DRUGGIST

Incorporating Retail Chemist

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## COMMENT

The Government has launched its latest initiative to protect innocent and gullible members of the

public from the guiles of the trader (see 8900). An interdepartmental working party has just completed its review of the existing law on false and misleading pricing brought about by the corrupt "few".

Until June 30 it's consultation time Minister Alex Fletcher says he is not committed to legislation despite the working party's recommendations. Doubtless the National Pharmaceutical Association will be seeking to lead him along a straight and narrow path for the good of trade, the customer and the profession

The report says consumers should be able to rely on the price given "as being both true and accurate" or put another way, being "neither false nor misleading". To clarify permissible practices on price

comparisons (or "bargain offers") the report makes no fewer than 22 recommendations aimed at providing "a satisfactory measure of protection against the consumer being misled, while leaving traders scope for fair and reasonable competitive marketing activities". A laudable aim indeed. But to achieve it, the recommendations have to be readily understood by traders large and small and the trading standards officer. If they cannot be — and we suggest this may still be the case — whether they are included in legislation or in a statutory code, "resources on all sides will be diverted from achieving the objectives of the law".

The basis of any price comparison should be a standard or recommended retail or selling price. In this hectic, at times humdrum world, an rrp provides a safe, sane starting point from which to make price comparisons for both sides.

The report says that comparisons should

always be with another price and that comparisons with "worth" or "value" should be regarded as misleading. It holds back from saying, as some have done, that false or misleading information relating to decisions with a financial effect is akin to theft. "We consider the link between cause and effect is not in most cases sufficiently positive to support such a view."

However the report does, in our view quite rightly recognise that giving false or misleading information on price can cause detriment both to consumers and other traders. "Such practices are a form of unfair competition which can distort the market."

While such truths may be self evident they have to be spelt out plainly (and simply) and applied both rigorously yet without fuss. These new proposals are the price traders must pay to achieve that ideal.



# Misleading prices ban proposed

**New legislation should be introduced banning false and misleading price information, concludes a report published last week.**

The report, produced by a working party chaired by the Department of Trade and Industry, suggests that present legislation should be replaced by a new general prohibition on false or misleading pricing, supported by a statutory code of practice giving detailed guidelines. Alternatively there could be a set of detailed provisions in the legislation itself.

The report gives several recommendations on price comparison practices, some of which are:

The comparison should always be with another price; comparisons with "worth," "value" or other similar figures which are not substantiable should be regarded as misleading.

Price comparisons should be between the same or similar goods or services.

The comparative price should be either stated or calculable. Implied comparisons such as "Special offer 4/10" or "Sale price 4/5" without a comparative price should be regarded as misleading.

Comparisons between prices for the same or similar goods or services but in different identified conditions should be allowed provided the comparative price refers to the circumstances in which the goods or services are generally available.

Comparisons with "normal" or "usual" prices should be regarded as comparisons with the trader's own previous prices.

Comparisons with a trader's own previous prices should relate only to prices which were the last prices at which the goods or services were offered for supply by the trader before the introduction of the lower price, and were so offered for at least 28 consecutive days except for food, drink and other perishables.

Where the period is at least 28 days and not the period immediately prior to the introduction of the lower price (for example where some of the previous season's goods are brought back after a break) the trader should indicate in his price comparison when the goods were so offered.

For food, drink and other perishables the period may be less than 28 days, provided the trader draws attention to his price comparison to the actual period.

Comparisons with other traders' prices should be allowed provided they are the other trader's and relate to the current price

being charged by that trader for the same or reasonably similar goods or services, and in the view of the majority of us, at premises within a reasonable shopping area of the trader making the comparison.

Comparisons with recommended retail prices (rrps) above a threshold, which we suggest should initially be £10, should be limited to comparisons where the trader can demonstrate that the rrp quoted has been generally recommended or is readily verifiable from published price lists or trade guides. If experience of these proposed arrangements should indicate that in any sector rrps are being used which do not reasonably approximate to the general level of prices at which the goods are being sold consideration should be given to the introduction of a ban on the use of rrps in the sector concerned.

Where the manufacturer's packaging states that a specified amount less than the rrp, etc., will be charged for the item (the

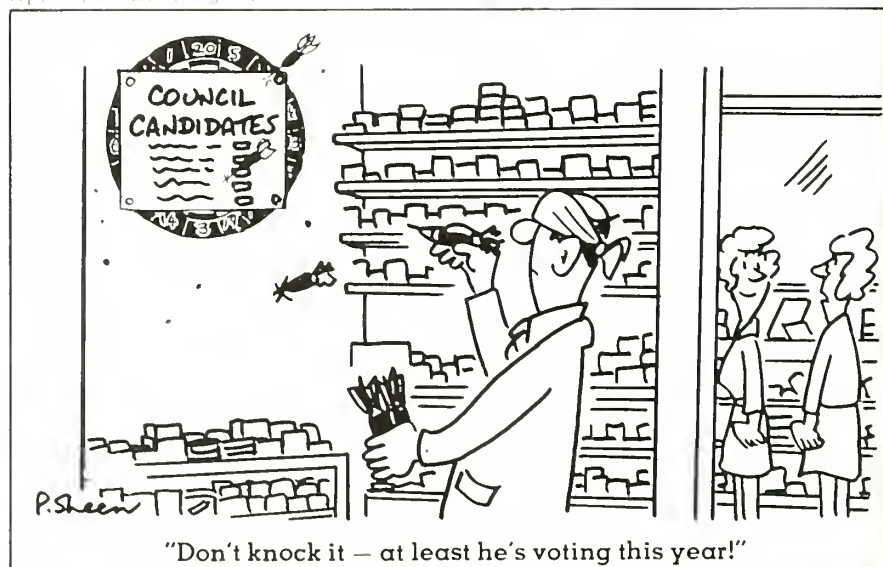
price difference will be shown either the packaging or the price marking) it should make it clear that the price at which the goods are being offered is net of the reduction quoted.

Where a price comparison is made the trader should ensure he is able to show that it is true.

Where a trader indicates that a sale or similar event is being held, clear indication should be given on the premises as to which items have been specially brought in and which items are included in the sale.

All free offers in conjunction with items offered for sale should be subject to the same requirements not to be false or misleading as other forms of price display.

The Department of Trade and Industry is inviting comments on the report by June 30. Commenting on the proposals Mr Alex Fletcher, Minister responsible for Corporate and Consumer Affairs, said last week that the Government was not committed to legislation but conclusions would be reached in the light of responses from interested parties. Copies of the report "Review of legislation on false and misleading price information" are available from Mr J C Brown, Department of Trade and Industry, Millbank Tower, Millbank, London SW1 4QU.



## 'Grudge' attacks on pharmacies

A racist with a grudge against the name Patel may be behind arson attacks on three South London pharmacies, suggests the Streatham and Clapham Guardian.

Two of the shops in Mitcham and Tooting are owned by NSK Ltd. The third was in The Robin Heath. Both owners are called Patel. All the attacks took place late

on Friday night or in the early hours of Saturday April 21. In each case the arsonist soaked a rag in inflammable liquid before stuffing it through the letter box and setting light to it.

■ Nielsen have asked us to point out that the shorthand form for the 1982 turnover of pharmacies (excluding Boots) of £1,683,388,010 is £1.68 billion, and not as stated in their report, "Pharmacy and Drug Store Trading in 1982" (C&D March 24, p.540).

## Clawback limit amendment withdrawn

**Labour MPs withdrew their amendment to the Health and Social Security Bill which sought to limit to one year the Government's power to clawback any overpayment of fees made to pharmacists.**

In a short debate on the issue Mr Frank Dobson, an Opposition spokesman on the Health Service, backed the view of the pharmacists that the new clause added to the Bill by the Government, which he described as "this son of clawback", should not be applied to payments made more than one year earlier. An amendment having this effect, he said, would provide an incentive to the Department to sort out its negotiations quickly and would make it easier for small businesses to make some predictions as to their income and outgoings. Mr Dobson urged the Government to agree that it was

not reasonable to take money from people retrospectively as a result of the "sloth" of the DHSS.

Mr Kenneth Clarke, the Health Minister, again denied that the Government was doing anything retrospectively. It was simply seeking to legitimise long-standing arrangements between the Department and the profession and an agreement made with the negotiators for the pharmacists last year.

He accepted that it was desirable to make sure that there were not great delays occurring before the Government sought to recoup from the pharmacists. It was too late to do so in relation to previous negotiations but he was glad to say that the Government was about to enter into negotiations about the future contract. Mr Clarke said: "The main aim will be to simplify the procedures, making sure that there are not excessive delays, and that we do not discover, upon inquiry, that there are large sums accruing to one party or the other after an undue period."

The Bill was given a third reading by 118 votes to 20 and sent to the House of Lords.

## Industry profits still 'excessive'

**Despite the new curbs imposed by the Government the drug companies will still be making "grossly excessive" profits this year amounting to some £250 million. Mr Michael Meacher, Labour Shadow Secretary for Social Services claimed in the Commons on Tuesday.**

He protested that Glaxo and ICI would still be permitted to make profits of 30 per cent on certain drugs supplied to the NHS.

Mr Kenneth Clarke, Minister for Health, reaffirmed that the measures announced by Government last December were expected to save NHS about £100m on the drugs bill in a full year. He told Mr Meacher: "No company can now have a target profit of 30 per cent as you claim."

■ Mr Kenneth Clarke said this week he had approved the draft of the new Medicines (Exemptions from Licences) (Importation) Order in its final form. It was being printed and would be laid before Parliament as soon as possible.

The proposed licensing scheme for parallel imports would come into operation at the same time as the order was made.

## FPS format to extend?

**In ten years time all health care outside hospital could be provided under a family practitioner service format, according to a Office of Health Economics report — "Understanding the NHS in the 1990s".**

All the professionals involved could gain enhanced freedom and efficiency from moves in that direction, claims the OHE.

Author of the report, David Taylor, recognises Government wishes to check FPS costs but says care must be taken to build on, rather than undermine, the strengths of the existing system.

*Chemist & Druggist 12 May 1984*

Family Practitioner Committees, which date back to before the first World War, are due to acquire new independence next year, they have the potential to develop into full primary health care authorities, says the report.

Mr Taylor welcomes recent moves to improve information and accounting systems in hospital-based services. Such steps facilitate management budgeting by local clinicians, advocated in the Griffiths inquiry.

They may also help the NHS move to an internal "cash" economy which would allow controlled competition between hospitals, claims the report. In turn this may provide incentives for service improvements and easier co-operation between NHS and the private sector, the report suggests



**Winner of John Richardson Computers' 'Golden Key' competition, Mr Alan North MPS, of Ashby Road, Loughborough, receives his prize of a £500 holiday voucher from sales and marketing manager, Mike Johnstone MPS. The competition was organised to celebrate last year the 1,000 sales mark in November**

## OHE considers drug benefits

**Patient benefit from medicines should be just as important in evaluating new products as records of adverse reactions, according to the Office of Health Economics.**

Giving the Hemingway memorial lecture at Brunel University this week, OHE director Professor George Teeling Smith said in the past drugs have saved many lives.

But nowadays medicine is more often concerned with improving the quality of life. In view of this the OHE is financing a newly qualified research economist at Brunel University to evaluate modern medicines' contribution to human well being.

Critics of the pharmaceutical industry may be "getting away with murder", according to Professor Teeling Smith. "When valuable medicines are withdrawn some patients who were receiving unique and irreplaceable benefits from their palliative action may simply lose their will to live." Professor Teeling Smith said introduction of life saving drugs may be delayed because of undue caution in their safety testing.

He cited a case recently of a patient who died of a heart attack when the only drug which controlled her condition — Eraldin — was withdrawn.



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## API's position on A & H offer

**The Association of Pharmaceutical Importers says that none of its members have disclosed to Allen & Hanburys any pharmacists who have dealt in imported Ventolin. This follows last week's offer from A&H (p851 and p858) of an amnesty to pharmacists who have dealt in Ventolin inhalers packaged in allegedly counterfeit cartons.**

The API says: "No member of the API (including those engaged in litigation with Allen & Hanburys) has disclosed to Allen & Hanburys any list of pharmacists to whom Ventolin has been supplied. The API is advised that it is lawful to deal in Ventolin provided that it is repackaged in compliance with the requirements of European and English domestic law. It is also advised that it is lawful for pharmacists to stock and dispense Ventolin or other

branded medicines legally imported from the EEC in original cartons which are labelled in accordance with the labelling regulations.

"The API does not accept that the word counterfeit can be applied to repackaging which is lawful.

"Recognising, as does Allen & Hanburys, the pressures on busy pharmacists, the API hopes that the Allen & Hanburys' announcement will not discourage pharmacists from dealing in Ventolin which has been lawfully imported from the EEC and which is purchased, either in original cartons which are relabelled in accordance with the labelling regulations, or which is lawfully repackaged in such a manner as not to infringe Allen & Hanburys' copyright, trade marks or allied rights.

"The API would welcome queries from any pharmacist who deals with any of its members. Such queries should be addressed to *Glebe House, The Broadway, Laleham, Nr Staines, Middlesex.*"

## DTB's Persantin review rapped

**Boehringer have hit back over allegations in the Drug and Therapeutics Bulletin that promotion of their antithrombotic Persantin is misleading, and that the drug has no useful effect when given on its own without aspirin.**

"There are in the item important errors of fact, material omissions, and indications of a negative predisposition towards dipyridamole on the part of its authors," say *Boehringer*.

Having reviewed literature on the drug the *Bulletin* concluded: "Conditions where dipyridamole might help will often necessitate costly long-term treatment. Such treatment is unjustified in patients who have had stroke, transient ischaemic attack or myocardial infarction, promotion encouraging such use is misleading and

should not be allowed under the Medicines Act. The available trials suggest that the drug has no useful antithrombotic effect when given alone, and that it adds nothing to the effect of aspirin."

Boehringer reply that criticism by the *Bulletin* should be taken in the context of the general tone of the article — "namely one of selection of studies less supportive of the case for Persantin and omission of studies that are supportive, the misquoting of papers to indicate that results are not, in fact, contained within those papers, straight errors of fact, and the use of words so as to give a poor impression of Persantin."

The article has led to a call by Labour Health spokesman Michael Meacher for an investigation into the drug.

□ Mr Kenneth Clarke said this week that Persantin was already in the current medicines review programme. This meant that its safety, quality and efficiency would shortly be fully assessed by the Statutory Committee on the Review of Medicines, whose advice he awaited.

## Pill damages

**A Canadian woman has been awarded over \$800,000 after a 13 year legal battle against Ortho-Pharmaceutical (Canada) Ltd. Mrs Pauline Buchanan was partly paralysed by a stroke several weeks after she began taking the company's Ortho-Novum contraceptive pill.**

The company was negligent in not adequately warning a young woman and

her doctor of the risks associated with its oral contraceptive, a Supreme Court of Ontario judge decided, says a report in the *Globe and Mail*.

Although the company complied with Canadian regulations regarding product warnings, it should have done more to spell out to doctors and consumer the serious potential risk, the judge said. Mrs Buchanan was awarded \$606,795 for loss of income, general damages, future loss and expenses. She also received legal costs and \$230,239 in prejudgement interest.

## Robbery charge

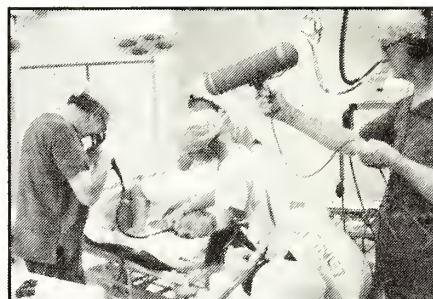
Two men have been charged with robbery following an incident at the Bryant Road Pharmacy, Strood, Kent, last week.

It is alleged that armed raiders took Controlled Drugs from the pharmacist, Mr Ranvir Mangal. Mr Mark Jennings and Mr John Chambers were to appear at Medway Magistrates Court on Tuesday.

## Complaints ...

The public is to be advised how to complain about chemists in a new leaflet to be published by the Department of health.

The leaflet is to detail complaints procedure covering chemists, GPs, opticians and dentists. But it is not expected to be printed for at least two weeks, says the Department.



A still from Smith Kline & French's award-winning film "Therapeutic endoscopy for oesophageal disorders." The film won a silver award in the BMA's film competition last year. It is the latest in a series on gastrointestinal endoscopy.

## Chemist order for MSI PDTs

A leading chemist chain is understood to have placed a large order for portable data capture terminals with MSI Data International, although the company name is not being revealed.

MSI claim to have achieved £1m worth of business in the past two months, due in part to three particularly large orders, one being from Tesco, another from a national department store chain, and the third from the chemist multiple.

■ A new edition of "Immunisation against infectious disease" has been published with information on the 15 vaccines most commonly used in the UK. Price £2 from the *DHSS Leaflets Unit, PO Box 21, Stanmore, Middlesex.*



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## Scottish fees scale revised

**Dispensing fees in Scotland have been revised from May 1, with the standard fees now set at £0.43 per prescription.**

There is no longer an enhanced fee for preparation of liquids by adding water to granules or by or by simple dilution, but more time consuming dispensing techniques do attract a higher fee.

Preparation of ointments, creams and pastes by mixture with standard or proprietary preparations attracts a minimum fee of £2.50, and special formulas a further enhanced fee of £5 minimum.

Ostomy and urinary drainage prescriptions will have a fee of £1 per item (excluding adhesives and removers, deodorants, skin protectives and filters). All Controlled Drug prescriptions will have an additional fee of £1.

Restrictions are being introduced on the use of "specials" (prescriptions made up outside the pharmacy for supply on NHS prescriptions). In future ingredient costs will be reimbursed in accordance with the Drug Tariff for all prescriptions dispensed extemporaneously. Where this is not practical the contractor will have to provide the Pricing Division with reasons why a "special" was necessary.

Copies of the new scale of fees have been circulated by the Pharmaceutical General Council (Scotland). The circular amending the Drug Tariff will be issued shortly. The revision of the fee scale is the result of a PGC working party set up to consider how the scale could be amended to reward fairly the more time consuming dispensing techniques.

## Script figures

Average cost of prescriptions dispensed by chemists and appliance suppliers in Scotland, in December 1983:

|                     | Pence          |
|---------------------|----------------|
| Ingredient cost     | 355.376        |
| Oncost              | 46.013         |
| Dispensing fee      | 33.350         |
| Interim allowance   | 12.980         |
| Container allowance | 3.800          |
| Other misc costs    | 1.424          |
| <b>Gross cost</b>   | <b>452.943</b> |
| Less charges        | 32.049         |
| <b>Net cost</b>     | <b>420.894</b> |

Total number of prescriptions: 3,165,783.

*Chemist & Druggist 12 May 1984*

## Sabotage

I like the Basic Practice Allowance. In the first place it gives a recognition that the pharmacist is providing a pharmaceutical service. It is a payment for his availability, as much as for any direct NHS work done. Therefore, BPA is enormously important. It establishes in Government eyes the need to acknowledge our professional value in a way which is removed from the past insistence on payments based on the commercial transactions of a contract to supply drugs for an agreed profit.

In the second place, for less attractive reasons, because of the conditions under which is granted, it has become a valid means of diminishing the attractions of leapfrogging. Through fiscal constraints we are encouraged to provide a better distribution of pharmaceutical services. Not the ideal way of achieving what is needed, but in the absence of any overall plan we should be grateful for it.

In its contract proposals the PSNC has visualised an enhanced BPA, a more accurate reimbursement of the actual overheads in any set of premises, provision of a genuine 24-hour service and a contractual involvement for the pharmacist in pharmacy. A great deal more of course, but these things are what most sober pharmacists would acknowledge as proper aims for our negotiating body to strive for.

We all took for granted that, since PSNC is a body representing all contractors, the reports represented the considered views of the men on the Committee. We have then, to view with dismay, the statement from the Company Chemists' Association that they want no part of any BPA, and have no place in their contracts for the pharmacists they employ.

Even the most cursory reading of their proposals reveals a view of our profession which is based entirely on the profit and loss criteria of a commercial operation. As such it may carry weight, and, depending on their representations to the Government, may well sabotage the years of work put in by PSNC. If accepted, their proposals would negate everything we have achieved in the way of recognition as professionals, and would put us back to a role as dispensing hacks, paid piecework.

What really gets up my nose is the affront of the company owners and the well paid few who represent them, in assuming that their managers will peacefully go along with their views which will deny them the most exciting prospects ever opened to them. I left company employment precisely because of this 25 years ago. Has nothing changed? Yes, it has, and I look to some of my friends in

companies to get up at branch meetings and re-assure the rest of us this is so...or write to their bosses?

## Nasty

The British Medical Association has had to halt their advice to doctors to stamp their prescriptions "UK licensed products only" if they want UK produced drugs dispensed on their scripts. Personally, I can see no objection to a doctor specifying that he wanted a product made by Glaxo in England. Mr Blum, of the Association of Parallel Importers, is pleased they have seen the error of their ways. I'll bet. They stood to lose a hell of a lot of money if the doctors were able to order exactly the products they wanted.

## PI v APBI

Parallel imports are very much in our minds, so it was proper for *C&D* to give Mr Holman of Kent, and the Association of the British Pharmaceutical Industry a chance to make their views clear.

I am impressed by the way Mr Holman develops his case, and indeed can accept some of his arguments, particularly those concerning different names for identical products, or products whose appearance or packaging is not identical with the UK item. Of course we can reassure the patients, as we have to do already with many of the generics. As to quality, I am not so positive, since there have been imports brought in from the East which look alike but are not.

But the arguments about high prices in this country are not our problem, and properly belong to the paying authority, ie the DHSS. The only reason anyone parallel imports is to pick up a hidden profit. It is sheer pretence to justify PI as a highly moral action to hit at what are said to be too high manufacturer profits.

And the answer? The APBI welcomed the chance to comment, as well they might. In my opinion they might have been better not to, since they appear to have been bogged down by arguing about their profits, never a good position, since I am currently anything but pleased by the activities of one or two companies who spend millions advertising and then expect pharmacies to sell their products with free advice, for grocery margins. But to go on.

They make the standard statement about different appearance and pack. I wouldn't dispense such items from choice because patient familiarity with the product is the one last check against dispensing error, is it not?

I'm against parallel importing, knowing my stand costs me about £10,000 a year profit. Your restraint may save us all more than that in the years ahead.

## Nappy market — Have Numark stolen the lead?

Numark believe they have stolen a market lead in disposable nappies by taking the first production output of a machine just installed by Undercover Products at their new Wrexham factory.

The machine — the first in the UK — produces a "fourth generation" nappy with a refastenable tape, central absorbent core and contoured shape, said to make the product unique on the British market and ahead of the major advertised brands. The advantage of the tape is that it allows re-use of unsoiled nappies after bathing, toilet training, checks for wetness, etc.

Other attributes claimed for the nappy are stay-dry inner lining, moisture-proof outside backing, and elastic at the legs to prevent gapping, leaks and sagging. The pink-and-white plastic bag packs sum up the product benefits by stating: "One day all nappies could be made the Nusoft way."

Sold under the Nusoft brand name, the

carrying both sizes. The product will be advertised in the national Press in June and July.

So far as the Undercover are concerned, the "One-day all nappies..." claim is not an idle boast. Their new machine is said to be capable of producing enough to satisfy 10 per cent of the UK market — and they have a second on order which should be on stream in the late Autumn. No other machine will arrive in the UK before then, it is understood. And joining them in the new factory will be high-speed equipment for the manufacture of sanitary towels, incontinence products and cotton wool products.

The nappy-making process starts with reels of raw paper pulp which pass through a hammer mill. The fluffed up paper is screened for particle size then sucked onto a revolving drum to create the soft absorbent centre of the product. This then becomes the "meat" in the paper tissue "sandwich" to which is applied the plastic outer layer, the elastication for the legs and the resealable closure tape. The whole is shaped automatically by the machine under the control of a computer which applies 15 quality control checks, rejecting any nappy that does not meet the standard. Finally the machine assembles sets of nappies for automatic bagging — the first stage at which human intervention is required. At maximum speed the machine will produce 250-300 nappies per minute.

Undercover are now major manufacturers of disposables, both their own advertised brands (Zero, Hygi, etc) and "own labels" under contract. Over half the production is exported, though the new nappy machines are expected to reduce this proportion as the output comes onto the British market. The two Wrexham factories already turn out some 1 1/4 million units per week, ranging from throw-away handkerchiefs to surgical gowns. Particularly successful through chemists has been the company's Hygicare service, which allows customers to hand in a pre-priced order for incontinence products without the embarrassment of an oral request to the assistant.

High volume at low cost is a fundamental part of the operation, and managing director David Sallon has put a great deal of effort into streamlining the many sewing procedures necessary for the majority of products. Among the methods used is video recording of manual functions so that each trainee can perfect manipulative techniques to minimise costs. However, in some areas there are no short cuts, and quality inspection of items such as surgeons' masks (which must be free of threads) can cost as much as manufacture.

But the personal attention to the business pays off, and in the 15 years since he

formed Undercover David Sallon has taken it to an annual turnover of about £5m.

Further information on the Nusoft launch from *Independent Chemists Marketing Ltd, Warminster, Wilts BA12 9JU*. Undercover can be contacted at Llay Industrial Estate Davy Way, Llay, Nr Wrexham, Clwyd LL13 8YR.

## Refastenable Pampers

Joining the flurry of activity in the disposable nappy sector, Procter & Gamble have also updated their Pampers range.

The nappies now have refastenable tapes and are designed for extra dryness. The product has an improved absorbent pad and special liner to "keep babies drier than ever," say *Procter & Gamble Ltd, Gosforth, Newcastle upon Tyne NE99 1EE*.

## It's in the can!

Cow & Gate, in an effort to regain leadership in the baby milk market, are relaunching Premium and Plus in tins. A 900g size now joins the existing 450g size.

Coming with an easy-to-open lid and plastic reclosures the 450g tins (Premium £1.65; Plus £1.68) come in trays of 12 and the 900g size (Premium £3.22; Plus £3.27) in trays of six. Shelf life has been extended to two years. *Cow & Gate Ltd, Cow & Gate House, Trowbridge, Wilts BA14 8HZ*.

## ON TV NEXT WEEK

|                         |                 |               |
|-------------------------|-----------------|---------------|
| Ln London               | WW Wales & West | We Westward   |
| M Midlands              | So South        | B Border      |
| Lc Lancs                | NE North east   | G Grampian    |
| Y Yorkshire             | A Anglia        | E Eireann     |
| Sc Scotland             | U Ulster        | C1 Channel Is |
| Bt Breakfast Television |                 | C4 Channel 4  |

|                             |                         |
|-----------------------------|-------------------------|
| Airbal Tobacco Clear:       | C4                      |
| Alberto Balsam:             | All areas               |
| Alberto VO5 styling mousse: | All areas               |
| Cidal soap:                 | Bt, C4                  |
| Cocoa Butter:               | Ln, Sc, So, A, B, G, Bt |
| Corimist:                   | M, Lc, Y, Sc, So, U     |
| Cosifits:                   | All areas               |
| Dirt Squad:                 | So, C4                  |
| Haze Pomander:              | All areas               |
| Hermes Gold:                | All areas               |
| Oil of Ulay:                | G                       |
| Polydine antiseptic soap:   | C4(M)                   |
| Pond's cream:               | Ln, Sc, A, B, G, Bt     |
| Radox Showerfresh:          | M, Y                    |
| Reactolite Rapide:          | All except U            |
| Rennie:                     | All areas               |
| Simple soap & skincare:     | Bt                      |
| Soft Step sandals:          | All areas               |
| Varta Energy 2000:          | Ln, Y, So, U            |



A refastenable tape allows re-use of unsoiled nappies and sees the advent of a "fourth generation" disposable nappy from Numark.

range of "all-in-one shaped elasticated nappies" is initially available only in the toddler size, said to account for 60 per cent of the £95m market. The two pack sizes are 10s (£1.20) and 30s (£3.35). Numark say these prices give the retailer up to 20 per cent POR at standard trade terms, but in addition they are offered at 7 1/2 per cent quantity discount plus a bonus of 5 per cent for a five-case purchase during June and July.

During the launch period "mystery shoppers" will be calling on independent chemists giving away cash prizes: a window display of the nappies will earn £50, an in-store display £25, and £10 goes to chemists



# At first, nutrition for all ages ... ... now, nutrition for all places

For prescribing as borderline substances –  
these Cow & Gate enteral nutritional  
products are now available:

★ **Fortison –**

A range of tube feeds – standard,  
energy-plus and soya-based  
varieties.

★ **Fortisip –**

A nutritionally balanced complete  
drink, available in 200ml bottles.  
The flavour can be varied by the  
use of flavour sachets provided.

★ **Fortical –**

A high carbohydrate liquid  
supplement available in six  
varieties – neutral and five flavours.

and introducing

★ **Polycal –**

An instant glucose polymer.  
Polycal even mixes in cold water.

Detailed prescribing information is  
provided in our product  
information sheet and MIMS.

# Cow & Gate

For further information contact –

Cow & Gate Limited, Clinical Products Division,  
Cow & Gate House, Trowbridge, Wiltshire, BA14 8YX.  
Telephone: Trowbridge 02214 68381.





## A Mum for everyone — even dad!

A Mum for everyone is the thinking behind the relaunch of the Mum range of roll-on deodorants. Following hints in the *C&D* Personal Hygiene feature (April 14) the company has now unveiled its plans for a Mum for dad — Ultra Dry for Men.

Research, the company says, shows that of the 17 per cent of men that regularly use a deodorant 23 per cent use a roll-on. "This is the area of the market in which we are brandleader and as most women buy deodorants for their men the heritage and support of the Mum name will help establish Ultra Dry," says product manager Pat Lake. As to the burst of activity currently underway with the launch of stick deodorants by both Mennen and Gibbs, Bristol-Myers, while keeping their eye on developments, would prefer to stay on the sidelines.

Ultra Dry packaging has a strong masculine appeal while the fragrance is deliberately not overpowering. Prices are on a parity with the existing Mum lines.

A new bottle design and label for the original Mum range and an improved perfume for the soft green variant have also been introduced. Cool blue, light pink and the unpurified variant are as before while, in the Quick Dry range, there is a new blue variant. An improved formulation means the deodorant is softer, less sticky, quicker and more pleasant to apply, says the company.

Bringing the three ranges together under one umbrella is a £1m national television advertising campaign on air from June through to August. Each brand is individually featured and the family image emphasised with the catchphrase "Everyone's Mum's the best Mum in the world." In the Personal Hygiene feature the company anticipated these plans would result in a 3 per cent uplift in the roll-on market. *Bristol Myers Co Ltd, Station Road, Langley, Slough SL3 6EB.*

With the launch of Ultra Dry for Men, Bristol-Myers are able to offer a Mum for everyone. The range will be supported by a £1m national television advertising campaign running from June through to August.

## Lilia savings on Gossard set

A Gossard bra and briefs set is the next consumer promotion to run on Stick on Lilia.

Packs of 10s in the super and regular absorbencies will offer consumers two extra towels and the opportunity to save over £3 on the Gossard Romance bra and briefs set.

Available in a choice of three fashionable colours — pink, lilac or champagne — and bra sizes 32in-36in — the matching set, which normally retails for around £8.50, is on offer at £4.99. To apply for the set consumers have to collect two Stick-on Lilia pack fronts. *Lilia-White Ltd, Alum Rock Road, Birmingham B8 3DZ.*

## Offers galore from Max Factor

New products and special offers are currently available on four Max Factor lines. In the Le Jardin de Max Factor range there are three line extensions — bath gelee (£4.75), bath lotion (£4.75) and talc (£3.95) while a 75ml bottle of Epris light cologne mist is now available (£5.25).

For colour cosmetics six shades of blusher — rose, copper, peach, pink, damson and spice — coming in square ivory Touch of Blush compacts will be available at the introductory price of £1.25 (rsp £1.40).

Additions to the Colorfast range include Sunshimmer dust-on bronzer (£3.25), sunburst bronze, pink bronze and bare beige glaze long lasting lipsticks (£2.85) and nail enamel (£2.65) and Summer pink and sunkissed peach powder blusher (£4.15). *Max Factor Ltd, 75 Davies Street, London.*

## Save £50 in Agfa club

Agfa-Gevaert have launched the "Superslide Club" which offers various benefits and extra services — estimated by the company to be worth £50 — for a membership fee of just £5.

All Agfachrome CT film users will be able to join the club which will offer purchasers:

- Free same-day guaranteed special priority processing for up to 5 films
- Free film speed re-rating for one film
- Individual processing of camera damaged films — free
- Special reduced prices for duplicate transparencies
- Same day professional E6 processing service at special prices
- The opportunity to visit Agfa's Wimbleton laboratory
- Special rate comprehensive photo equipment insurance

The club will be advertised to all Agfachrome CT slide film users in a leaflet returned with their processed slides. This will contain an application form and full details of the benefits of club membership. POS material is available. *Agfa-Gevaert Ltd, 27 Great West Road, Brentford, Middlesex TW8 9AX.*

## A bicycle made for Lancôme

From May 14, anyone purchasing a 45ml or 75ml O de Lancôme atomiser qualifies for entry in the Riviera picnic competition. Competition forms are available both at POS and in-pack. prizes include 200 Lancôme limited edition bicycles and 1,000 picnic baskets. Entrants have to decide which six items out of 18 are indispensable for a Riviera champagne picnic and add another of their choosing. Closing date is September 17. *Parim Ltd, 14 Grosvenor Street, London W1X 0AP.*

## Trio on the move

Perfumery Marketing Associates have been appointed distributors for Jean-Louis Scherrer, Harriet Hubbard Ayer (both formerly handled by Parfums Roberre before being transferred to Innoxa) and Ingrid Millet. Distribution will now be extended. *Perfumery Marketing Associates, 9 Gees Court, London W1M 5HQ.*

*Chemist & Druggist 12 May 1984*



# MADE TO MEASURE

Take surgical hosiery measurements with our compliments.  
The Lastonet made-to-measure tape has been developed as a further step in our  
'Support for Chemists' campaign. Proving, yet again, that Lastonet are with you  
every inch of the way.

For your complimentary Lastonet Made-to-Measure tape, contact:

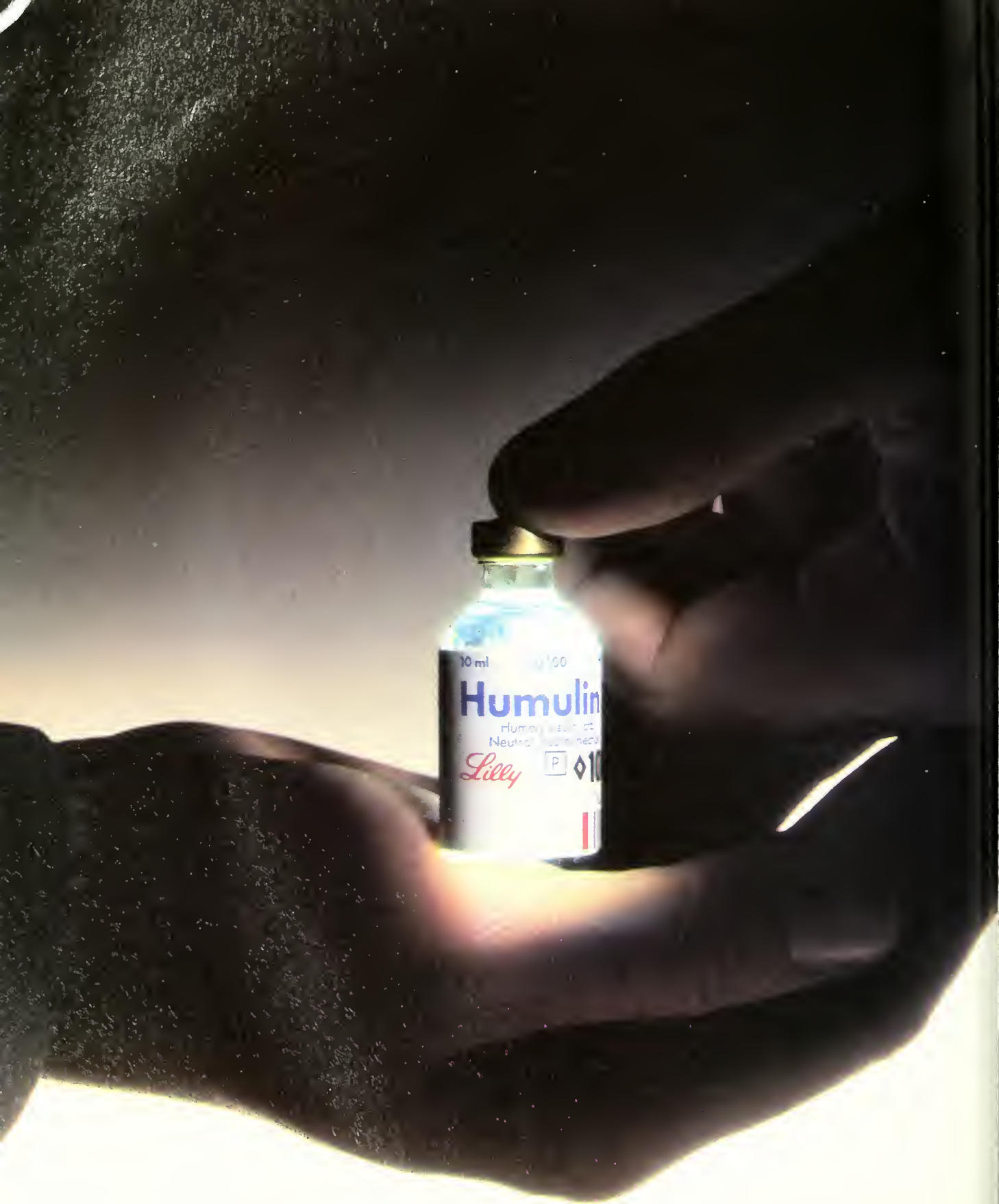
**Lastonet – the leg care specialists.**



**Lastonet**

Lastonet Products Ltd., Carn Brea, Redruth, Cornwall. Tel: Camborne (0209) 714141. Telex: 45639.





## The cost of living has never looked so good.

Human insulin has always been seen as an outstandingly pure! less immunogenic form of insulin? than that which comes from the pancreas of pigs and cattle.

It has, however, been seen as expensive.

In fact, Humulin costs less than

the most widely prescribed porcine insulins.

The price? Just £6.44 for 100 i.u.

You see, Humulin uses genetic engineering and the techniques of recombinant DNA technology as the method of manufacture.

Which means it's entirely

independent of pork and beef prices.

Thus, it can be produced economically, and in large quantities for years to come.

**Humulin**  
Human Insulin (crb)

THE HUMAN WAY TO TREAT DIABETES



# Humulin

Human Insulin (crb)

'HUMULIN'S' ▼ 'HUMULIN' ▼  
'HUMULIN' Zn ▼ Human insulin (crb)

**Presentation:** Humulin S: A sterile, aqueous solution of human insulin (crb), 40, 80 and 100 IU/ml. Humulin I: A sterile suspension of isophane human insulin (crb), 40, 80 and 100 IU/ml. Humulin Zn: A sterile suspension of crystalline human insulin (crb), 100 IU/ml. **Uses:** For the treatment of insulin-dependent diabetics.

**Dosage and Administration:** The dosage should be determined by the physician, according to the requirements of the patient.

Humulin S may be administered by subcutaneous, intramuscular or intravenous injection. Humulin I and Humulin Zn should be administered by subcutaneous or intramuscular injection only. Humulin S may be administered in combination with Humulin I or Humulin Zn as required. Humulin I and Zn: Rotate vial in palm of hands before use to re-suspend.

**Mixing of insulins:** The shorter-acting insulin should be drawn into the syringe first, to prevent contamination of the vial by the longer-acting preparation. It is advisable to inject immediately after mixing. **Contra-indications:** Hypoglycaemia. Under no circumstances should Humulin I or Humulin Zn be given intravenously. **Precautions:** Usage in pregnancy: Insulin requirements usually fall during the first trimester and increase during the second and third trimesters. Transferring from other insulins: A small number of patients transferring from insulins of animal origin may require a reduced dosage, especially if they are very tightly controlled and bordering on hypoglycaemia. The risk of hypoglycaemia can be considered minimal if the daily dosage is less than 40 IU.

Insulin-resistant patients receiving more than 100 IU daily should be referred to hospital for transfer. **Side effects:** Lipodystrophy, insulin resistance and hyper-sensitivity have rarely been reported. **Legal Category:** P

**Package Quantities:** 10ml glass vials in packs of 5. **Price:** Humulin S, 40 IU/ml £2.70, 80 IU/ml

£5.40, 100 IU/ml £6.44.

Humulin I: 40 IU/ml £2.70, 80 IU/ml £5.40, 100 IU/ml £6.44.

Humulin Zn: 100 IU/ml £6.44.

**Product Licence Numbers:**

Humulin S 40 IU/ml 0006/0163

Humulin S 80 IU/ml 0006/0164

Humulin S 100 IU/ml 0006/0165

Humulin I 40 IU/ml 0006/0166

Humulin I 80 IU/ml 0006/0167

Humulin I 100 IU/ml 0006/0168

Humulin Zn 100 IU/ml 0006/0179.

Date of preparation: December 1983. **Full Prescribing Information Available From:** Eli Lilly and Company Limited, Kingsclere Road, Basingstoke, Hampshire, RG21 2XA. Or from: Eli Lilly and Company Limited, 5 Percy Place, Dublin 4. Telephone: 680 179.

'HUMULIN' is a trade mark. HU69 Dec '83

1. Johnson I. S., Diabetes Care 1982, Vol. 5, Suppl. 2, 4-12.

2. Fineberg, S.E. et al (Indianapolis), Diabetes May 1983, 32, Suppl. 1, 3A.



## COUNTERPOINTS

### Twice as Fresh is revamped ...

Reckitt Household Products are introducing two new variants and refills for Twice As Fresh air freshener.

The refill pack will be available for all four variants (£0.48 rsp). Reckitts predict the move could help increase sales by about 30 per cent.

The two new variants are Spring bouquet, packed in pink, and April showers, packed in green. The rose petal and lemon blossom variants have been dropped.

Over 80 per cent of housewives now use an air freshener, say Reckitt, and of these 67 per cent use slow release products. Reckitt Products, Dansom Lane, Hull.

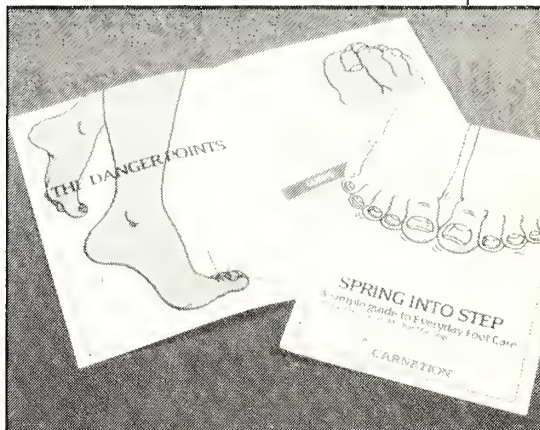
### ... as Loxene is relaunched

Loxene shampoo has shed its strongly medicated appearance for a more contemporary look, and has been reformulated.

Anti-dandruff shampoos have a negative consumer perception, says Reckitt. Loxene no longer has a coal tar formulation, and now appears as a mildly medicated green liquid with a fresh fragrance formulated for all types of hair, says the company. New packaging consists of a white bottle with a spruce green cap and logo (150ml £0.60 rsp). Reckitt Toiletry Products, Dansom Lane, Hull HU8 7DS.

Following the success last year of the Philips Le Mans shaver, designed specifically for the younger user, Philips Small Appliances are now launching a Ladyshave expressly for teenage girls. Tiny in size and bright red in colour.

The Ladyshave "16" HP2603 (£7.95) runs on two pen-light batteries, enough for a two week holiday abroad. The compact design has a snap-on lid to protect the blades. Philips Small Appliances, Drury Lane, Hastings.



"Spring Into Step" is a new leaflet written by a Birmingham GP, Dr Michael Grillage to increase awareness of the risks involved in wearing badly fitting shoes or hosiery and to point out the areas that are most prone to problems. It gives guidelines on everyday footcare and emphasises the special care that should be taken during childhood, adulthood and old age covering the five most common problems — corns, callouses, verrucae, athlete's foot and bunions. Copies of the leaflet can be obtained by sending a sae to Carnation, Cuxson-Gerrard & Co (Dressings) Ltd, Fountain Lane, Oldbury, Warley, West Midlands B69 3BB.

### £1½m TV push by Cussons

A £1½m national television advertising campaign breaks for Imperial Leather Dry in June. Both the anti-perspirant aerosol deodorant and the roll-on version are featured under the theme "The name you can trust in and out of the bath". A 30 per cent extra free promotional pack on both the aerosol and roll-on will support the television campaign. Cussons (UK) Ltd, Kersal Vale, Manchester M7 0GL.

### Browned off?

Terracotta is a new bronzing powder (£9) said to be suitable for all types of skin. Available from Guerlain it comes in a tortoise-shell compact. Guerlain Ltd, 22 Aintree Road, Perivale, Middlesex UB6 7LP.

### Distribution changes

Farillon are now the distributors of **Dead Sea Mineral Salts** for Finders Dead Sea Health Co. Farillon Ltd, Bryant Ave., Romford, Essex RM3 0PJ.

Distributors for the **Evenflo** range of breast feeding products are now Mentholatum Co Ltd, Longfield Road, Twyford, Berks.



## Pond's:— new lines in the offing

Four months after the start of a heavy investment programme Chesebrough-Pond's report a number of success stories for their brands. And the company has more activity planned for the future. There are plans for more line extensions into both the skincare and toiletry markets, says Roy Gayton, sales and marketing director.

"We have two very strong names in Vaseline and Pond's. While we're building brand franchises and they are reacting positively we feel we've not exploited their attributes into other markets as much as we could have done. Having said that we have also a very strong drive into other markets with new products."

The skincare market is an important one for chemists and should be defended, Mr Gayton argues, being one area where grocers haven't established a stranglehold. On pricing he believes Chesebrough have redressed the problem of margins, establishing a fair and equitable pricing policy "We now have a closer differentiation in pricing across all sectors of the trade. And with the £5m support we are putting behind our ranges, sales through chemists can only grow."

Figures, he says, show that following the

as both a hand moisturiser for all-year round usage and an aftersun lotion for Summer. To build on this awareness the company is currently running an on-pack promotion with first prize of a Philips Solaria and, throughout Summer, a couponing campaign through the major tour operators. Television advertising for Pond's cream and cocoa butter breaks nationally on May 21, part of the £1.1m allocated to support the line throughout the year while £1.6m has been allocated to support Vaseline intensive care lotion. *Chesebrough-Pond's Ltd, PO Box 242, Consort House, Victoria Street, Windsor, Berks*

## Goya throw in the towel

A towel in Aqua Manda livery is being offered by Goya on every 12 assorted packs ordered, or six assorted packs including at least two packs of roll-on antiperspirant, the latest addition to the range.

Goya are also offering a price promotion on the whole Aqua Manda range of foam bath, talc, shampoo, roll-on antiperspirant and pack of four soaps. For a limited period the products will be available for £0.75 (rsp £1.15) — the offer is flashed-marked on packs. *Care Products Ltd, Badminton Court, Amersham, Bucks.*

## For the difficult question

A booklet to help chemists' assistants deal with queries on hair colourants is currently being distributed by Clairol reps. *Clairol Appliances, Station Approach, Slough, Berks.*

A range of air fresheners have been launched under the Topps brandname. The three fragrances, tropical trade winds, island flower and colonial gardens (300ml, £1.33) have a horizontal spray-through cap delivery and come shrink-wrapped in dozens. *E.R. Howard Ltd, Gippeswyk Ave, Ipswich IP2 9AE.*

## TV launch for Hedex Plus

Hedex Plus capsules launched this month by Sterling Health, are to be supported by an initial £600,000 burst of national television in July.

The Pharmacy only capsules contain paracetamol 250mg, codeine phosphate 8mg and caffeine 30mg. Each pack of 12 capsules retails at £1.05.

POS material, including trigger cards, stickers, giant packs and merchandisers, is to be available from representatives. *Sterling Health, Sterling Winthrop House, Surbiton, Surrey KT9 4HP.*



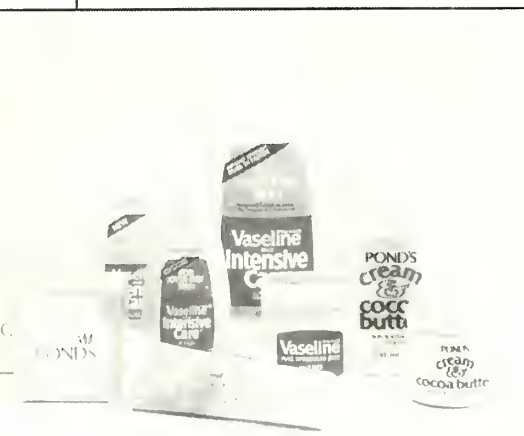
Four assistants from Wheaton pharmacy, Old Exeter Street, Chudleigh, Devon, are the winners of Unichem's March Golden Dozen draw for pharmacy assistants.

Pictured from left to right are Mike Smith, a Unichem western regional committee member, three of the assistant — Donna Skinner, Florence Kentisteer, Mary Wilson and David Wheaton, MPS. The fourth assistant Joan Ballard, is not pictured. *Unichem Ltd, Crown House, Morden, Surrey.*

## Savings on Jovan

Summer savers from Jovan include 120ml sizes of Musk Oil, Pagan Man and Sex Appeal aftershave at £1 off, with a host of other lines at £0.50 off. Three pre-packed display units hold a "25 per cent extra free" Musk Oil anti-perspirant, 50ml Andron aftershave for £1 and a trial size Andron talc available for £0.99. *Beecham Proprietaries — Toiletries, Beecham House, Great West Road, Brentford, Middx.*

*Chemist & Druggist 12 May 1984*



Chesebrough-Pond's say the £5m support behind their brands is paying off.

initial burst of television advertising (£2.2m has been allocated for the year) Pond's cleanser and moisturiser saw sterling growth of 17.2 per cent and 40.7 per cent compared to the growth of 4.3 per cent and 1.2 per cent recorded in their respective markets. Vaseline intensive care lotion is also showing growth in a stagnant market due, Mr Gayton believes, to its positioning



# Prepare for an even colder summer.



**P.R. Spray  
puts pain on ice**

**P.R. Spray  
freezes pain out**

## The cold facts about pain relief



Back strain, a touch of cramp or stiffness, a pulled muscle or a misdirected hammer – none of these are serious injuries, but they can certainly hurt.

PR Spray is the really quick and effective way to relieve that pain.

Unlike most other pain relief sprays, PR Spray is cold. It is the spray used by professional trainers attending injuries.

PR Spray, which is odourless, rapidly lowers the temperature of the skin over the painful area, and so literally freezes pain out – quickly and effectively.

**THE PROFESSIONAL  
WAY TO STOP PAIN.**

❄️ PR Spray is the brand leader among cold pain relief sprays and the fastest growing brand in the whole topical pain relief market.

❄️ Last year, the first time that it had been advertised – sales increased over 40%.

❄️ Now we are giving it an even bigger boost. From June to September hard hitting

advertising will appear in the Mail, Sun, Telegraph, Daily and Sunday Mirror, News of the World, People and Sunday Express.

❄️ 13½ million people buy topical pain relief products. Over 85% of them will see our campaign an average of 14 times each.

❄️ PR Spray is the clean, odourless, fast-acting way to relieve pain.

**DON'T BE LEFT OUT IN THE COLD. STOCK AND DISPLAY  
PR SPRAY AND WATCH YOUR SALES GROW.**

# Two new tins that will really rattle the babymilks market.

At Cow & Gate, we certainly are shaking things up in the babyfood sector.

Last year we re-launched baby meals and sales soared by over 50%, making us the brand leader in jars.

Now we're going to do the same for babymilks.

We know that mothers who like them in packs, love them in tins.

So Premium and Plus now come in

attractive new tins which will be available this month.

There are two sizes: 450g and an economical 900g. (In trays of 12 x 450g or 6 x 900g for easier handling.)

We're confident that our babymilks will be another success story for Cow & Gate. Because, once again, we're giving mums just what they want.

**Cow  
& Gate**  
The Babyfeeding



**Cow  
& Gate**  
LIMITED  
**PLUS**

For modified babyfood for hungry babies

STERILIZED SKIMMED MILK WITH NON-MILK FAT



**Cow  
& Gate**

**PREMIUM**

*baby milk-food*

For modified baby milk for babies in their first year



# No.1 in HairCare

Lady Jayne means the very latest in hair fashion styles. New, exciting products launched regularly. All packaged in eye-catching pastel colours, that harmonise perfectly, to create in-store excitement.



A selection from the vast, ever-changing range of Lady Jayne Hair Fashion Accessories. The signature on the Brand Leader is

Laughton & Sons Limited,  
Warstock Road, Birmingham  
021-474 5201

## PRESCRIPTION SPECIALITIES

### Tricotex dressing

Tricotex is a sterile knitted viscose dressing which conforms to Drug Tariff specifications.

The product can be used on a variety of wounds, say manufacturers Smith & Nephew. But it will be recommended principally for treatment of leg ulcers.

The dressing has a dry non-adherent contact layer which separates the wound from the absorbent layers. That means the dressing can be changed without disturbing normal wound healing, claims the company. And removal of a non-adherent layer will cause minimal discomfort to the patient, it says.

Tricotex comes in one size — 9.5 x 9.5cm — in cartons of 50 (£5.75 trade, £0.185 retail each) individually packed in peel pouches. *Smith & Nephew Ltd, P.O. Box 81, Hessle Road, Hull HU3 2BN.*

### Polycal on ACBS

Cow & Gate have introduced Polycal — a dietary product included in the Borderline Substances list.

The product is prescribable for renal failure, liver cirrhosis, disaccharide intolerance (without isomaltose intolerance), disorders of amino acid metabolism (and other similar disorders) and/or whole protein intolerance, malabsorption states and other conditions requiring a high energy, low fluid intake, whether or not sodium or potassium restriction is necessary.

It is supplied as a powder for reconstitution with water (6 x 400g, £7.38, 4 x 2kg, £21.32 both prices basic NHS). *Cow & Gate Ltd, Cow & Gate House, Trowbridge, Wilts BA14 8YX.*

## BRIEFS

**Timoptol in Ocumeter:** Timoptol ophthalmic solution is to be supplied in Ocumeter dispensers from May 14. Manufacturers Merck Sharp & Dohme say the packs have been designed specifically for the poorly sighted.

Two different coloured caps replace the original pink ones: blue for the 0.25 per cent w/v solution and yellow for the 0.5 per cent w/v solution. The metal seal is replaced by a moulded dome for easy use, say MSD. New

packs are overprinted: new packaging, but the ophthalmic solution remains unchanged.

A new patient information leaflet is included in the pack. It gives advice on how to use the drops and the address of the International Glaucoma Association. *Merck Sharp & Dohme Ltd, Hertford Road, Hoddesdon, Herts EN11 9BU.*

**Hyprenan 5 x 5ml:** A 5 x 5ml pack of Hyprenan IV ampoules (£38.25 trade) product code number 279 replaces the 4 x 5ml pack. *Astra Pharmaceuticals Ltd, Home Park Estate, Kings Langley, Herts WD4 8DH.*

**Diabur test 5000 distributor:** From May 14, Diabur test 5000 (£1.32 Drug Tariff) will be distributed to wholesalers and retailers by MCP Pharmaceuticals. Associate company, Boehringer Corporation (London) will continue to distribute the product to hospitals. *MCP Pharmaceuticals Ltd, Simpson Parkway, Kirkton Campus, Livingston, West Lothian, Scotland.*

**Unprinted tablets:** Printing on Squibb sugar-coated tablets has been discontinued. Formulations affected are: Moditen 5mg, Mystechin, Nystan, Raudixin, and Rautrax tablets. *E.R. Squibb & Sons Ltd, Reeds Lane, Moreton, Wirral, Merseyside L46 1QW.*

**Pneumovax vaccine:** While waiting for registration of a new formulation, supplies of the vaccine are available only from the manufacturer. Inquiries to: Mr J.M. Scott, registration department. *Thomas Munson Pharmaceuticals, Hertford Road, Hoddesdon, Herts EN11 9BU.*

**Influvac vaccine:** the following strains are contained in Influvac sub-unit for 1984/85: A/Philippines 2/83 (H3N2), A/Chile 1/83 (H1N1), and B/USSR 100/83. Presentations are 0.5ml disposable syringe (£3.50 basic NHS), 5ml vial (10 doses, £31.92), 25ml vial (50 doses, £150.98). *Duphar Laboratories Ltd, Gaters Hill West End, Southampton SO3 3JD.*

**Tagamet pack:** The flip-top Tagamet injection carton is being replaced by a pre-printed end flap carton containing a plastic tray of 10 x 2ml ampoules. Both end flaps will have security seals. Prices are unchanged. *Smith Kline & French Laboratories Ltd, Welwyn Garden City, Herts AL7 1EY.*

## Generics List

The updated Drug Tariff price for aspirin dispersible is 36p per 100 and not as shown in last week's *Price Supplement*.

*Chemist & Druggist 12 May 1984*



# Now Milupa gives you a bigger bite of the baby food market.



Milupa, brand leader in independent chemists, now give you extra meaty profit by entering the £25 million Junior Food Market with their delicious new range of meals for use from 6 months onwards.

## Extensive promotional activity

Backed by the reassurance of Milupa's name and an extensive promotional programme, our message aims to reach at least 60% of our target market.

There'll be strong national Press Advertising, a massive Sampling Campaign, Point of Sale material and a cleverly designed unit for displaying our carefully researched pack designs.

## Exciting free gifts

With every order of one case of each variety we'll give you a FREE £5 Meat Voucher and an exciting selection of other gifts you could receive.

## Five delicious recipes

In five delicious varieties, each meal is only made with top quality products. Succulent chicken taken from the breast and thigh or lean, prime beef, both with nourishing wheat or rice and freshly grown vegetables.

Ingredients which are rigorously screened. Recipes which are created without artificial flavourings or preservatives. Meals which protect babies' delicate digestive systems.

Stock up now! And get your teeth into some juicy profit.

**milupa** (R)  
**JUNIOR FOOD**

The new generation of Baby Foods.

Milupa Limited, Milupa House, Hercules Road, Hillingdon, Uxbridge, Middlesex UB10 9NA. Telephone: Uxbridge (0895) 59851.



# THE WALKER DAVIS GROUP COLLECTION

Walker Davis Proudly Present their collection of cosmetics, toiletries and household products.  
Manufactured to Walker Davis' exacting standards.

## GINA



- A U.K. produced perfume reflecting the retail price
- Growing in Popularity
- Stylish White and Gold Presentation
- Range includes Boxed Gift Set

## FAMILY BATH RANGE



- Hypo Allergenic — suitable for all skin types
- Comprehensive range
- Value for money
- Competes with own label products

## Crème



- One of the leading branded Cleansing creams
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## PERSONAL OPINION

# A chemist's lot is not a happy one

### A pharmacist checks his lot with that of the Legal Aid solicitor and finds his rewards for doing state work to be distinctly lacking in comparison

So the Pharmaceutical Services Negotiating Committee is on the comparability trail — and not before time you may say I had thought this tactic somewhat played out by various unions over the past three or four years and, indeed, with the present climate of opinion in the Thatcher-Gummer "think tank," the chance of success seems poor. Nevertheless, it is just as well to have it on the table for later back reference.

On the same subject, may I quote some remarks of Sir David Napley, the former president of the Law Society: "Unless professional services, whether paid by the state or otherwise, afford fair and proper remuneration, one of two consequences ultimately follow; bankruptcy or inferior and inadequate service. Thus, there is a real danger that the quality of the service will become limited by the amount the Treasury is willing to make available."

then ensue a conversation on whether or not a charge is payable. Quite often the social security book is produced and I thumb through it to seek the exemption certificate which may be hiding quietly on the last page. Oddly enough, few recipients of social security seem to be aware that it is in their book. Then, the patient may pay up, perhaps requesting a receipt. I seem to have an unusually large number of policemen among my clientele and they are able to reclaim their health costs. Sometimes part payment is proffered, the balance to be brought in when the remainder of the prescription is collected. Be wary of letting the whole prescription go "on tick." It is not regarded as a debt of honour "I pay my stamp, don't I."

Then again gran is without her specs, or Tom, aged six, has been sent with the prescription for baby brother — Will I sign the back please? Back in the dispensary at last, I decide just what the doctor really means the patient to have. It is not always what is written and, perhaps after consulting the "BNF," I make the necessary endorsement. Then I actually get to dispense the medicine, with the requisite explanation to the patient and a farewell.

But not for long. Fifteen minutes later

### "Unless professional services afford proper remuneration, one or two consequences must follow: bankruptcy or inferior service"



Of course, Sir David is not entirely a disinterested observer. You may remember the furor that surfaced when he charged Yorkshire County Council at the rate of £164 an hour for his services in connection with the inquest on Helen Smith, the nurse who lost her life in Saudi Arabia. Arising from Press comment on the apparently inflated figure, it was stated that the rate for the ordinary general practice solicitor who undertakes State Legal Aid work is £34 an hour. According to Sir David, this type of work can represent 30 per cent and more of a solicitor's workload, and in his opinion is underpaid.

I have attempted to compute the time spent in my pharmacy in dealing with a prescription from the time it leaves the patient's hand.

The name is checked and there may

she is back. "Didn't the doctor give me any sleepers?" she asks with a stare of accusation. Oh dear, did I miss it? I rifle through the pile and retrieve the script. No sleepers. There follows a protracted discussion aimed at determining the actual tablets she wants. "It's the funny shaped purple ones."

Hunt the tablet follows — quite an entertaining pastime if one is not too busy. A sight of the tablets in the third bottle brings success and with a sigh of relief I pass the slip of paper to my assistant for recording and filing and, at the end of the month, the final count and analysis. Time taken, seven to ten minutes. On the basis of the Legal Aid fee, I suppose each prescription should show an average, of between £3 and £4 gross profit. Over to you Alan Smith — and the best of luck.

Chemist & Druggist 12 May 1984



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# Oh to be an oxygen delivery man

**The last gasp" of "Theo  
ynne", a pharmacist fearful  
f losing his oxygen supply  
ble.**

When I read that the British Oxygen Company is proposing to take over the supply of oxygen concentrators and cylinders directly to patients, cutting out one of us community pharmacists who do "oxygen", I cannot help feeling something is going from my life.

I will miss the pleading and horse-trading with BOC when increased demand from existing patients, plus new ones, makes their "full cylinders only in return for empties" policy unworkable. I certainly will miss manhandling the cylinders which seem to get heavier and heavier as the years go on, especially when carting them up six flights of stairs of a tower block when the lifts are routinely vandalised. At least that did occasionally allow me, as I stood way up there on the balcony with an empty cylinder, the fleeting pleasure of a most bloodthirsty and unprofessional thought — thankfully not ever put into action because the lift-wrecking "yobboes" were never critically below.

I will certainly miss the reproach of the odd patient when I arrive ten minutes later than I promised, and the warnings to mind the dog/cat/furniture/paintwork/carpets when bringing the cylinders in and out. One couple berated me for upsetting their planned Saturday morning shopping, since I did not deliver till lunchtime. They were most unimpressed by my feeble excuse of being very busy dispensing all morning,

without his wife batting an eyelid?

Some other pharmacists seem to organise their oxygen deliveries more effectively than me. When doing locums, I found one pharmacy on a council estate where the porters of the various blocks of flats did the deliveries, if the price was right, and another pharmacy where this was done by the undertakers next door. (But never, fortunately, using the hearse, or when wearing the formal black suit!)

I have usually done the deliveries myself, except where the patients' relatives or friends have collected the cylinders from the pharmacy, and I will miss the bonds developed with my oxygen patients. I felt proud to have witnessed the love and total devotion given to one person by his parents, during his ten years of fighting cystic fibrosis, and to have played my own small part in that one-sided battle, with its inevitable final result. Sadly, one loses most

out from the bedroom window.

Never mind, I tell myself, the BOC men will manage all this, as well as saving the NHS the million pounds extra we pharmacists are apparently making from these domiciliary visits. They will also, presumably, liaise with those doctors and their receptionists not familiar with oxygen apparatus over that first oxygen script, and subsequent repeat ones, and collect them from the surgeries, along with "repeats" for the tablets also needed. The repeats, of course, may have to be corrected, then dispensed, delivered, and the patient instructed in their use. Will they contact the doctor when they feel his presence is required to modify doses of beta blockers, diuretics, bronchodilators, and whatever?

My nearest Boots, incidentally, discontinued their oxygen service a little while ago, but selflessly, and with no thought of any monetary reward, still care for any possible oxygen patients who approach them by phoning me with the customer's name and address, and leaving me to do the rest. Did Boots know something the rest of us did not, I ask myself, or are they merely preparing more storage space, possibly for the stocking of wines and spirits, if their Birmingham experiment proves successful?

**'BOC men will presumably'liaise with those doctors  
and their receptionists not familiar with oxygen  
apparatus over that first oxygen script.'**

of one's oxygen patients this same way, but I find there is, nevertheless, a feeling of having helped more by performing this service than by dispensing antibiotics, steroids, and other drugs, however lifesaving they may be.

Friendships seem to be forged when transferring the head from the empty to full cylinder, perhaps because we pharmacists, while knowledgeable, are less brusque and clinical than the district nurse and GP and able to linger those extra few moments. As

In fairness to BOC, I have often felt their deliveries of the few oxygen cylinders at a time to retail chemists must involve them in a loss, or only marginal profit, so it would seem reasonable for them to attempt to take over the whole service. I believe BOC's managing director is the highest paid executive in the private sector of British industry, so he must know what he is about, and be tough enough to get it. I look forward to observing BOC's battle with the NHS over the terms for this — monopoly supplier versus monopoly service. It has all the elements of the irresistible force and immovable object situation.

On reflection, though, why should I stay on the sidelines? Perhaps now is the time to make my application to BOC's personnel department for a job in the new division they will presumably create, as an oxygen-to-patient delivery, apparatus instructor, and clinical counsellor. Apart from the salary and pension, can I resist a free uniform and gloves, hydraulic lifting equipment, new lightweight alloy cylinders being developed, a vehicle with the BOC logo, flashing lights, and a fair chance of being able to park almost anywhere, anytime. Plus the all important inner glow as I know I am helping the NHS save money?

**'I will miss pleading and horse-trading with BOC  
when increased demand from existing patients, plus  
new ones, makes their 'full cylinders' only in return  
for empties' policy unworkable.**

and found derisive my tentative suggestion that they could perhaps have driven their car the two miles to the pharmacy to pick up the cylinder.

Certainly, my wife will miss my phone calls telling her "I'll be a little late tonight — we've got to deliver some oxygen." What other profession offers a man, if he were so inclined, an infallible excuse for being late,

well as a clean bed, fresh dressings, and a physical examination, oxygen patients, like anyone else, enjoy a little chat with a sympathetic listener, telling what they did in their fifty years in their own particular job, giving brief biographies of their children and grandchildren shown in the photographs around, and even a discussion on the plants in the garden below, pointed



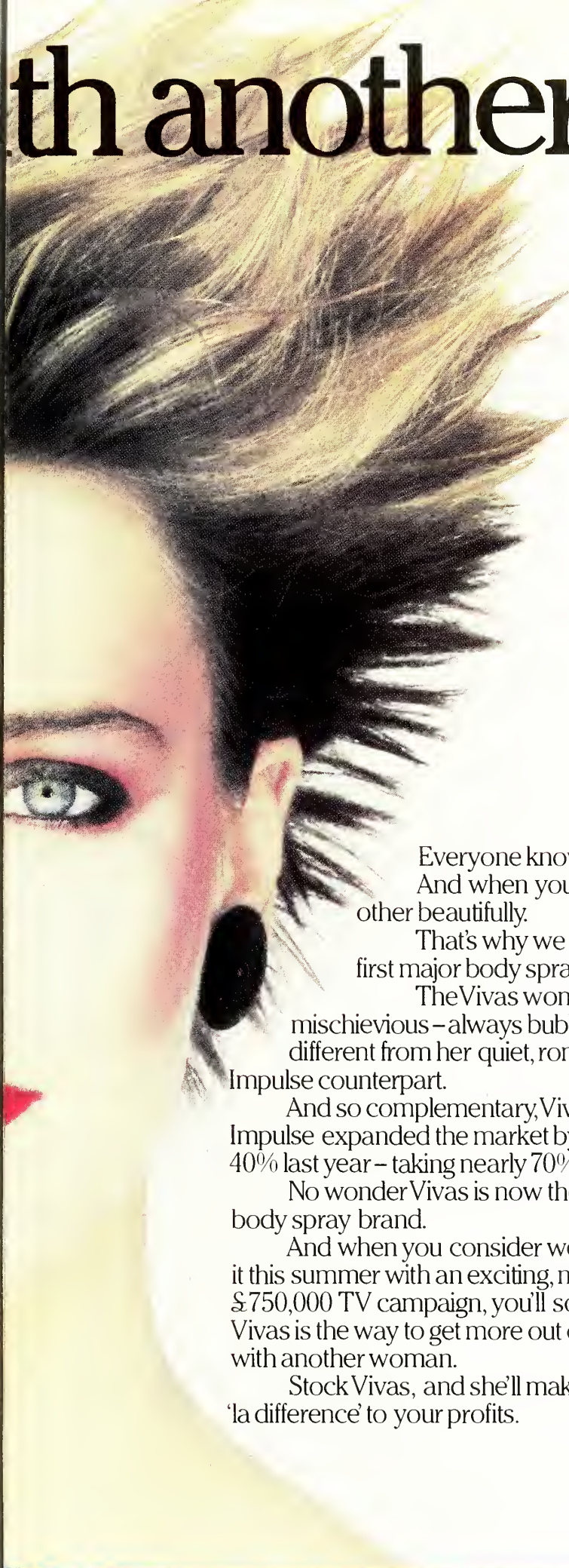
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# Reasons for dismissal must be stated

**Sacked employees are entitled by law to written reasons for their dismissal. But what happens where these reasons are refused on grounds that they may damage an employee's future prospects?**

In a recent case which came before the Court of Appeal, an employer dismissed an employee because she suspected him of dishonesty. On being asked for a written statement of reasons for dismissal, the employer refused this. She said the employee knew the reasons for dismissal and that she did not want to cite dishonesty in writing as this might harm him in the future.

However, the Court said that if an employee wants and asks for a statement of reasons for dismissal then he must anticipate the employer honestly providing those reasons and therefore accept any associated risks.

Where an employee has been absent from work for a long period due to sickness, there comes a point where the employer may legitimately consider his dismissal and replacement.

Provided there is no likelihood of an early return to work, that the employee has been consulted and that there is a need to

replace him, then this usually eliminates the possibility of the employer having to face a claim for unfair dismissal.

What creates much more difficulty is the case of an employee constantly absent for short periods of time — a week here, a couple of days there and so on.

This can be extremely disruptive to the business especially in a smaller firm. Those responsible often do not know what action can be taken without risking a claim from the employee concerned.

Firstly, the employer should review the sickness record of the individual over a period of time, say six months or a year. Then he should compare this with that of other employees. If the absences are excessive compared with others, he should give the employee a warning that continued absences could lead to dismissal. He should listen to any representations the employee might make, and then give a time limit (say three to six months) for him to improve.

If the employer takes these steps before dismissing, he will have given himself as much protection as possible under the circumstances. However genuine the absences might be (and even if each is covered by a medical certificate) the employer is entitled to say "enough is enough" and recognise that it would be inefficient to carry on business with an employee who has so much persistent absence.

danger, for example where your heating is not up to standard or where you do not have suitable toilet facilities. This notice must be obeyed under threat of fines.

If you feel the inspector is wrong or is being unduly harsh, you have the right to appeal within 21 days. You need do nothing to obey the improvement order while waiting for the appeal to be heard. An industrial tribunal will hear the appeal and it can either confirm the notice, say it was not justified, or can amend its terms.

In more serious cases — especially where there is immediate danger — the inspector may issue a prohibition notice. This can stop any process which the inspector considers a danger. Under this notice premises can be closed. Again, there is a right of appeal but — you cannot wait for the appeal before complying.

Although prohibition notices are not issued, all types of businesses have been subject to them — and prosecutions or heavy fines can be imposed.

# Supply of goods

**The final section of the Supply of Goods and Services Act adds to the growing number of laws that affect relationships between businesses and the public.**

The obligations between businesses and the public are generally far stricter than those between businesses alone.

At one time you could, by written statement or notice, restrict a customer's rights so that if goods sold were not up to scratch or if he suffered financial loss as a result of buying them, he had no recourse.

No longer so. Whatever the conditions of a guarantee you give and the customer agrees to, he cannot give away his rights at law and he will have a right to be recompensed if the goods sold are unsatisfactory. The same applies to services. There will be a condition implied whenever you supply a service that reasonable skill will be used in providing that service within a reasonable time. But the law does not define "reasonable."

The only exceptions are where — before any contract is entered into — you point out to the customer that the goods or services you are selling have certain faults and the customer then buys with that knowledge. If you do not do this, then the assumption will be that the goods are fit for the purpose for which they are sold and that the services will be carried out with full skill in good time.

If there are other conditions (eg that in providing a facility the business says that it will not be liable for the negligence of its employees) then the customer can go to court and claim the condition is unreasonable.

For trade between businesses, the law is the same, except that the businesses can opt out of certain legal obligations by agreement. Thus businesses can agree that, in a transaction, there is no guarantee implied that the goods are merchantable quality and this will be binding.

However, a business can always go to court and claim that a particular clause is unfair. This may arise, for instance, where there is a monopoly supplier and the courts feel that the supplier is taking advantage of the position to impose harsh conditions.

Finally, there is one legal provision that affects relationships between businesses and between businesses and the public. If a business states that it will not be responsible for death or injury caused to anyone doing business with it, even where this is due to the negligence of an employee, this clause will have no force as far as the law is concerned. No business or individual can by a notice or a contract opt out of responsibility for death or injury.

# Business curtailed

**Whatever your form of business, it is possible for an inspector to walk in and stop you trading. He can prevent people coming on to your premises.**

These powers arise from health and safety legislation which gives inspectors quite draconian powers over your activities.

If in a shop the fittings are considered to be dangerous, heating insufficient for staff, or the building considered dangerous (even though it may have stood for decades without trouble), then the inspector can enforce his powers by issuing a notice.

Except in an emergency, most inspectors will first talk with you informally and then give you time to put matters right.

If you do not comply, you can first be issued with an improvement notice. This applies where there is no immediate



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## Pack it in

A solution to the problem of protecting goods in transit comes from Piccadilly

Called X100 it is a polyurethane based expanding foam which expands up to 50 times its volume. The 560ml can produces 90 litres of filler. Items requiring protection should be wrapped in polythene and placed in a box to which X100 is added.

The product provides a water and air tight seal, important for many items when in transit, say the manufacturers. Available in boxes of 12, X100 costs £5.50 per can (inc delivery and VAT). *Piccadilly Products Ltd, 199 Piccadilly, London W1V 9LE*

## Rip off

A security seal with a tear-off feature for cash bags, sacks, lorry doors, drug boxes and any container with a suitable sealing point, comes from Envopak.

The Grip Rip seal can indicate whether the contents of a container have been tampered with. The one piece polypropylene seal has double stepped locking teeth. Release is achieved by gripping the tab and ripping along the tear lines so that the seal is reduced to scrap.

Other applications claimed include use

on equipment to give visual indication as to whether the units have been used or serviced, and by retail organisations for sealing bags containing employee's purchases to reduce pilferage.

Available in a variety of colours, the seal can be supplied with logos and names moulded at the time of manufacture or subsequently printed. A built-in label holder is included and an individual sealer's code can be added manually at the time of application. *Envopak Group Sales Ltd, Powerscroft Road, Kent DA14*

## The bell tolls...

One of those minor irritations which plagues the retailer — the unreliable till bell — claims to have been overcome with Gyro Chime from Sageline.

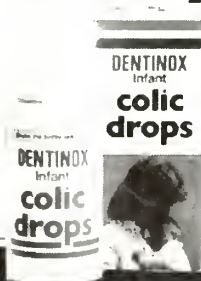
It is a rotary bell with no wiring, batteries or spring, and is built in heavy gauge steel with a hard wearing, chip resistant epoxy coating which can be produced in a variety of colours. *Sageline Ltd, Ashtfield Road, Harringay, London N14 1PA*



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| Calcium Pantothenate Eur P                     | (Vitamin B <sub>5</sub> )  | 20.0 mg  |
| Pyridoxine Hydrochloride BP                    | (Vitamin B <sub>6</sub> )  | 10.0 mg  |
| Cyanocobalamin BP                              | (Vitamin B <sub>12</sub> ) | 5.0 mcg  |
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# Allergic rhinitis – a running battle

At rest the average adult inhales about 500ml of air with each inspiration. This amounts to about 300 to 600 litres per hour. As the air we breathe in is normally rich in particles, the extent of filtration to ensure gas exchange in the lungs can be gauged. Users of underground travel systems, for example, will no doubt be very aware of this. Much of the filtration is carried out by the nose.

The anatomy of the nose is such that air breathed in follows a turbulent flow and particles impinge on the mucosal surfaces to be entrapped by the mucus layers. The mass of sedimented debris is then conveyed towards the oropharynx by the cilia and removed by expectoration or swallowing.

## Initiation of the allergic response.

The deposited particles are rich in potentially allergenic molecules which leach out spontaneously or following digestion by enzymes in the nasal secretions. In most individuals, these large molecular weight antigens probably do not initiate allergic responses because of diffusive barriers presented by the nasal mucosa.

In susceptible individuals however, the synthesis of specific immunoglobulins (IgE) is stimulated and these are linked to circulating basophils and tissue mast cells rich in bioactive chemical mediators.

## The allergic response.

Subsequent exposure to the offending allergens leads to the release of chemical mediators, notably histamine. These stimulate nerve endings to initiate pruritus and the sneeze reflex. Direct action on the secretory nasal glands and the capillaries produces rhinorrhoea and nasal congestion.

Increased secretions and vasodilation secondary to central nervous stimulation are also observed and many authorities believe that these secondary effects are the more important ones. Nasal congestion impairs drainage of the sinuses and associated symptoms emerge. Symptoms need not be confined to the nasal passages and conjunctival effects may indeed be more troublesome for certain individuals.

## Types of rhinitis.

The potential antigens breathed in are highly heterogenous and include pollen grains, mould spores, house mites, animal

**Sniffs and snivels reach a Summer high with the advent of the hay fever season, but for some allergic rhinitis is a year-round problem. This article looks at possible methods of relief.**

hairs, feathers and epidermal cells. With pollen and to a lesser extent, with mould spores, the allergic responses take on a characteristic seasonal pattern and are referred to as seasonal allergic responses. The term perennial is of course used to describe rhinitis where no such seasonal chronicity is identifiable.

In some individuals, despite the identification of eosinophils, one of the major markers of allergy, the specific antigens cannot be identified and the term intrinsic rhinitis is used.

A further group of patients display the characteristic symptoms of allergic rhinitis without any of the biochemical and microscopical features of allergy. In these patients, disturbances in autonomic reactivity is surmised and the term vasomotor rhinitis is applied.

## Symptomatic relief

Antihistamines ( $H_1$  antagonists) are by far the most effective cheap remedies for the symptomatic relief of allergic rhinitis. Based on the aetiology of the condition and the predominance of histamine among the chemical mediators released, this observation is hardly surprising. Decongestants are also effective. Sodium cromoglycate, which inhibits mast cell degranulation has also been shown to be useful, but its price is a major deterrent to wider use.

**Choice of antihistamine:** Side-effects rather than potency generally determine the choice of antihistamine. With the availability of compounds, such as terfenadine, which essentially exert a peripheral action, drowsiness associated with antihistamine therapy may now be circumvented.

Although the United Kingdom licensing authorities clearly believe that terfenadine is safe for OTC use, based on the evidence submitted to them for the granting of a Pharmacy Only product licence, pharmacists will no doubt wish to ensure that its use is carefully monitored and controlled.

A knowledge of the chemical classifica-

tion of the antihistamines is useful since structurally related compounds often possess the same side effects. Patients intolerant to one antihistamine should therefore not be recommended another of the same group. This rule of thumb about choice based on structural similarities must however not be taken too far since clearly the introduction of one functional group in a molecule may significantly change both its physico-chemical and pharmacological properties. Table 1 classifies some of the antihistamines most commonly used in the UK.

Gastro-intestinal disturbances also frequently accompany the use of antihistamines and for this reason it is recommended that they be taken with meals. Occasional but significantly more serious side effects include blood dyscrasias and recent reports suggest that mebhydrolin may be more likely to produce such effects. Until evidence is provided to the contrary, it is probably wise to recommend alternative products for non-prescription use.

Earlier worries based on animal studies about the teratogenic potential of the piperazine antihistamines have been shown to be unfounded by subsequent retrospective studies. Nonetheless, the usual precaution about the use of drugs in pregnancy is still justified.

**Choice of decongestant:** The action of histamine and of other chemical mediators released as a result of the allergic response leads to an imbalance between the sympathetic and parasympathetic efferent impulses to the nasal vasculature and secretory glands. To counteract the resulting oedema and congestion, adrenergic vasoconstrictors are used. These include ephedrine, pseudoephedrine, phenylephrine, naphazoline, phenylpropanolamine, oxymetazoline and xylometazoline.

Phenylephrine, the ephedrine isomers and phenylpropanolamine are used orally while the other decongestants are used only topically. Phenylephrine and ephedrine are of course used by both routes.

How then should one choose the most appropriate decongestant? Before answering the question, it is necessary to determine whether a decongestant is indeed the best choice of therapy. Nasal congestion is secondary to histamine damage and action. Antihistamine therapy is therefore the most rational approach in this type of congestion. Decongestants are only justified for immediate short term relief.

When a decongestant is judged necessary, the next decision is then on dosage form. Systemic drug administration usually requires larger doses and therefore increases the likelihood of adverse reactions. With the adrenergic agents, the potential dangers are clinically significant. Numerous reports have appeared in the literature on the hypertensive effects of

phenylpropanolamine. Arrhythmias may not be a problem either, since only the latter has been reported.

Most of these more serious reactions have, however, followed the ingestion of large doses of phenylpropanolamine in the form of running products in immediate-release formulations. The dangers associated with the use of the products commonly available on the UK market for the relief of nasal congestion are less. But complacency is not justified and pharmacists must clearly provide their patients with the necessary advice.

Topical therapy is not without problems. Rebound congestion is a particularly well-defined complication of the long-term use of topical decongestants. Most general practice pharmacists have no doubt come across at least one patient who appears to be dependent on nose drops. For this reason, it is normally recommended that nose drops should not be used for more than two weeks. Longer acting decongestants such as oxymetazoline and xylometazoline are preferable to the shorter acting ephedrine in this respect.

For topical administration in adults a spray is usually preferred because of improved delivery. In children a drop is usually recommended in order to avoid inadvertent administration of excessive doses. Both types of topical products will tend to impair ciliary activity when used over prolonged periods of time. This, coupled with rebound congestion already mentioned, clearly show that with decongestants, oral therapy is to be preferred for longer term use.

When adverse effects following systemic administration of a decongestant are a problem, the most rational approach is to treat the rhinitis with an antihistamine alone.

The identification of subgroups of adrenergic receptors has led to work which has shown that the existing vasoconstrictors have varying degrees of selectivity. Oxymetazoline for example selectively stimulates  $\alpha_1$  receptors while phenylephrine preferentially stimulates  $\alpha_2$  receptors. Stimulation of  $\alpha_1$  receptors is known to reduce blood flow while stimulation of  $\alpha_2$  receptors does not. This would suggest that agents such as oxymetazoline are preferable to agents such as phenylephrine, but confirmatory evidence is required.

It is useful to remember that nasal application of the adrenergic agents may also lead to systemic side effects which have indeed been reported in the literature.

While adrenergic agents are useful as decongestants because of their vasoconstrictor effect, animal experiments suggest that they stimulate hypersecretion which is already a problem in allergic rhinitis. For this reason, combination products containing an  $\alpha_1$  antagonist and an antihistamine are

**Table 1:** Chemical classification of commonly used antihistamine ( $H_1$ ) compounds.

|   |  |
|---|--|
| <b>Alkylamines</b><br>Amitriptyline<br>Brompheniramine<br>Chlorpheniramine<br>Pheniramine           | <b>Phenothiazines</b><br>Clemastine                                      |
| <b>Ethanolamines or ethers</b><br>Carbinoxamine<br>Dibenzhydramine<br>Diphenylglycine<br>Doxylamine | <b>Piperazine</b><br>Cetirizine<br>Clemastine<br>Cycloazine<br>Meclozine |
| <b>Ethylene diamines</b><br>Mepyramine<br>Pyriminamine  | <b>Tricyclics</b><br>Cimetidine<br>Amitriptyline<br>Methyldazine         |
|   | <b>Others</b><br>Triprolidine  |

found are promoted for the relief of nasal congestion. Recent work suggests that such combination products are probably no better than  $\alpha$ -agonists on their own because in humans the secondary hypersecretion is not significant.

Despite the long history of use of nasal decongestants, their serious study is of recent origin with the major impetus for research originating from the identification of the subgroups of the adrenergic receptors. The picture so far unravelled has answered many questions but many of the recent discoveries such as those of the peptidergic nerves and of the novel neurotransmitters suggest that we should be prepared for further revisions of our theories on the mode of action of vasoconstrictors and on the symptomatic relief of allergic rhinitis.

## Sustained-release formulations

Effective sustained release preparations of most of the shorter-acting antihistamines and decongestants are now available for oral administration so that the inherent length of action is now no longer an important determinant in the choice of an antihistamine. A sustained release product administered late at night often provides useful relief of early morning symptoms of allergic rhinitis.

## Conclusion

The symptoms of allergic rhinitis are often depressing for the patient. Happily, the condition usually improves spontaneously with age. Hay fever for example is extremely rare in middle age and beyond as any pharmacist can confirm by a survey of prescriptions in the forthcoming season.

This perhaps is a useful piece of information to pass on to our poor hay fever patients when the rest of us are enjoying the delights of Summer. But then again not many of our patients will only be reminded of it at impending colds.

This is one of a series of "pull out and keep" articles on OTC topics by Dr Alain Li Wan Po, department pharmacy, Aston University.



An important announcement on head louse eradication

# Carbaryl - The No 1 Insecticide

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\* Suleo-C shampoo is an effective pleasant-to-use alternative when lotions are not tolerated

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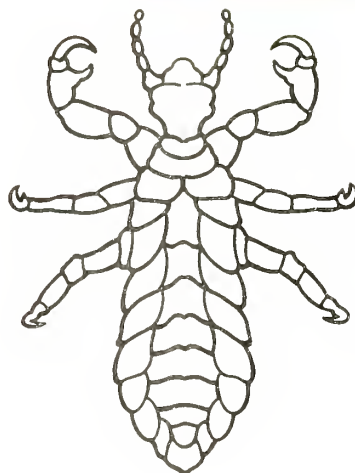
- ensuring that users read the instructions inside every pack, since incorrect use of insecticides may encourage resistant strains

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# Society against joint contract proposal

**The Pharmaceutical Society's Council is to inform the Pharmaceutical Services Negotiating Committee that it cannot support PSNC's proposal that the NHS contract should be held jointly by the pharmacist in charge and the pharmacy owner. Council believes firmly that the contract should be solely with the pharmacist in charge.**

Council decided at this month's meeting to make that point in a letter giving its views on PSNC's new contract proposals. The Society is not to comment on all the details because some matters are not within its remit and because Council did not have all the necessary financial information available. Comment would be restricted to matters directly affecting the professional service provided by pharmacists, and any absence of comment should not be taken as approval.

Council agrees with PSNC that the averaging system leads to maldistribution of remuneration, but feels that the current proposals do not go far enough to redress the situation.

On PSNC's view that a reduction in the wholesaler's margin could be linked to a discontinuation of discounting, Council warns that no action should be taken to cause further deterioration in the wholesale service. It is important to have an adequate number of wholesalers providing a full range of products, Council believes.

Noting the proposals for standard periods of treatment for different groups of drugs and for relating the prescription fee to a fixed treatment period, Council points out that its policy is that the maximum period of treatment, irrespective of the method of payment, should be 28 days.

Council welcomes the proposal to establish a review body, which is of such prime importance that there should be a specific recommendation on its establishment.

While agreeing with the PSNC that there should be individual reimbursement of property costs, Council would first like to see Regulations introduced under Section 66 of the Medicines Act 1968, to ensure that the standards paid for on an individual basis would be professionally adequate.

Council feels that the recommendation on repeat prescriptions could be elaborated to include reference to the triple prescription scheme agreed between the Society, the PSNC and the General Medical Services Committee.

Council supports the recommendation that a professional fee should be paid when a prescription is presented but, after consultation with patient or prescriber, not dispensed. However, Council also feels that it could be more clearly spelt out that there are many occasions when prescriptions are not dispensed and no alternative items are sold over the counter.

Council would like the PSNC's paragraph on the payment of an additional pharmacist allowance to be elaborated to ensure that an additional pharmacist was employed simultaneously with another pharmacist to improve professional service rather than to allow the first pharmacist time off for other activities.

Welcoming the PSNC's proposals on domiciliary services, Council suggests that reference should also be made to the need for payment for approved collection and delivery schemes. On the recommendations concerning payment for additional health care services, Council feels that rather than being credited to the annual balance sheet such payments should be individualised and only paid for when services are supplied.

Endorsing proposals for the payment of postgraduate education allowances and expenses, Council makes the point that such allowances should be available to any pharmacist employed in the contracting pharmacy, and not just the pharmacist in charge. On the education of pharmacy technicians, Council feels that the recommendation should include a definition of a pharmacy technician as being a person who has been trained to a defined standard.

Council offers its wholehearted support for the PSNC's recommendation for the introduction of a well remunerated statutory out-of-hours service.

Council reaffirms its preference for the earlier rational location document agreed with the PSNC. This would normally allow for the provision of an NHS contract except when to do so would prejudice the existing service. Council is actively pursuing the latest proposals, which rely on financial incentives and disincentives, as they appear to be the only current method of progress towards rational location.

**Register of Council members' interests.** The Society is to maintain a register of Council members' interests. The register will be made available to anyone who wishes to inspect it.

The Treasurer, Mr J.P. Kerr, moved that a register be maintained, in the office of the secretary and registrar, of Council

members' financial interests and consultancy appointments which might influence their thinking and voting. The register to be kept up to date by the declaration of members of Council. Mr Kerr said he was not proposing the motion in any form of vindictiveness, but in the hope that the Society's membership would see Council members as being beyond reproach.

**Student staff ratios.** The Society is to make strong representations for an improvement in student:staff ratios within schools of pharmacy.

It was reported to the Education Committee that the National Advisory Body for Local Authority Higher Education recommended a ratio of 10:1 for most science courses, including pharmacy. Council was urged to make representations for an improved ratio for pharmacy based on the high level of laboratory, and consequently staff, involvement, the professional aspects of the course requiring a substantial amount of small group teaching, and the developing clinical aspects. Staff also had an important involvement in the continuing education of the profession.

Council agreed that a letter should be sent to the NAB and the University Grants Committee strongly advocating an improvement in student:staff ratios within schools of pharmacy, and proposing that a tri-partite meeting between those bodies and the Society should be held urgently to discuss the matter. It was also agreed that a similar letter should be sent to the Council for National Academic Awards requesting the support of the CNAA pharmacy board.

**Better communication.** The Society is to look at ways of encouraging better communication between pharmaceutical officers and community pharmacy and improving the co-ordinating role of the pharmaceutical officer.

The Practice Committee considered that the co-ordinating role would be extended if pharmaceutical officers became more involved with their community pharmacy colleagues. Council agreed that a document on the co-ordinating role should be sent to PSNC with a request that it should reconsider the attendance of pharmaceutical officers at meetings of Local Pharmaceutical Committees. It was also agreed that a meeting should be arranged with officials of the Association of Pharmaceutical Officers to discuss means of stimulating officers to fulfil their co-ordinating role, and that the next annual meeting between the Society representatives and pharmaceutical officer should be held during Spring 1985.

**Computers in pharmacy.** The Department of Health has turned down the Society's proposal for a joint



partment/Society working party on computers in pharmacy. While the department could see no advantage at all in setting up such a working party, it is, however, see the advantage of "continuing the dialogue" on commercial professional development in computers would want to take advantage of the Society's expertise at a stage when a co-ordinated approach would be of benefit.

**Maximum fines.** It was reported to the Committee that there had been an increase in the maximum fines that could be imposed in a Magistrates Court, as from July 1. The Medicines Act 1968 had stated maximum penalties of £400 on convictions in a magistrate's court, and that this had subsequently been increased to £1,000 for most offences by the Criminal Law Act 1977. Under powers given to him by the Magistrate's Court Act 1980 (as amended by the Criminal Justice Act 1982), the Home Secretary had now doubled the maximum fines to £2,000. The new maximum applies to most of the offences

under the Medicines Act. It was also reported that magistrates appeared to have been imposing heavier fines in recent cases.

**Public relations.** In his report for the previous month, the director of public relations, Mr P. Paul, said that the "Talks to schools" project continued to stimulate interest among local education authorities. The object was to encourage the Society's branches to be more outgoing in talking to schools about the pharmacist's role, and there had been a favourable reaction to the project.

**Statutory Committee.** It was reported that Mr David Gerrard has been unable, because of ill health, to take up the appointment made last month.

**Scottish centenary.** A dinner is to be held in Edinburgh on November 15 to mark the centenary of the occupancy by the Society's Scottish Department Executive of the building in York Place, Edinburgh. The dinner will be attended by members of the Executive, Council members and invited guests.

**SERC meeting.** A meeting was being arranged between representatives of the Science and Engineering Research Council and heads of schools of pharmacy to discuss the consideration given by the SERC to pharmacy applications. The meeting is to be chaired by the Society's president.

|   |    |
|---|----|
| No. of days treatment<br>NB Frequent dose is stated | NP |
|---|----|

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## Just another shopkeeper?

On Friday night I dispensed a prescription for Lopresor and Surgam tablets at 7.58pm. We open until 8pm, offering a service to patients whose doctors don't begin surgery until 7.30pm. At 8.10pm the telephone rang, just as I was preparing to leave (an even longer process in these days of transmissions, computers and alarms). The caller told me I'd just dispensed "old stock" on a prescription. If I would wait for five minutes or so he could bring them back to take the prescription elsewhere.

There followed a frustrating confrontation on the telephone during which I stood my ground in a way I would have found difficult to do in the crowded shop, pointing out the offensiveness of the man's remarks. It turned out that his wife had been told by one of my professional colleagues that Lopresor were now in calendar pack, and that any other pack was old stock. I explained that our Lopresor patients preferred the loose tablets (I could have added that I'd spent some time identifying Adalat which had been pressed out of a foil pack, by a helpful neighbour, into an unlabelled bottle).

I suggested that it would be no trouble for me to obtain a calendar pack by 10.30am, Saturday morning. This, I could hear, failed to satisfy his wife, who eventually took up the telephone with the same opening line about old stock. She wanted the prescription back at all costs, or, to be more precise, at the cost of £1.60 — which she assumed would more than compensate me for losing the exempt prescription (ie she was willing to pay the "charge"). By now I was hearing, not her voice, but the old familiar messages... the patient is sick, the patient is irrational, the patient always comes first. I agreed to return the prescription Saturday morning.

Ignoring second thoughts overnight, I greeted the hot and bothered husband kindly and quietly the next morning with the prescription. He gave me the Lopresor. There was no sign of the Surgam. "Oh, she needed them last night," he said. Couldn't I write 'already supplied' next to the Surgam so that he could take the prescription somewhere else to obtain the Lopresor? No? Well, perhaps he could pay for the Surgam. I patiently told him that that would not only be illegal, but that it would cost him about £20. So, he would either have to go all the way home again and back again, or (a threat from the previous night) contact the doctor. The other alternative, I replied calmly, was for him to sit down whilst I drove down to the wholesaler to obtain a

calendar pack. He resigned himself to this suggestion.

Ten minutes later I returned to first of all attend to the people who had been asked to wait by my assistant. Being some of the vast majority of customers I've come to know over the last 20 years as friends, they had been quite happy to wait.

I relabelled the Lopresor, once again pointing out that the other pack was current stock. The husband and I parted company with the usual muttered apologies. Half way down the shop he stopped. He'd opened the pack. "She won't take these," he said, "the new tablets are oblong."

It's easy to say that parallel importing brings the ethics of the market place into the profession of pharmacy. It's easy to forget that to some people I might appear to be just another shopkeeper retailing dubious specialist offers and selling off old stock. It isn't easy to forgive my professional colleague.

Peter L. Craske  
Leeds

## 'Cheap' imports problem

I wonder what Mr Holman's reaction would be to his building contractor who, having agreed a cost-plus contract, used cheap materials for the work and charged Mr Holman for expensive ones? Sharp practice? Attempted fraud?

And how much sympathy would he have for the contractor's protestations that he couldn't make a living unless he conducted his business in that way?

But perhaps, while it is highly culpable to take money improperly from an individual, it is acceptable to extract excess profit from the State — ie all men, including his fellow pharmacists.

A.R. Ritchie  
Billericay, Essex

Mr Ritchie is chairman of Macarthy's Ltd.  
Editor.

## More OTC advice

I read with great interest the article on "OTC advice" (C&D, April 14, p747).

Mrs O.P. may also have thyroid trouble. I have noted in some elderly patients receiving treatment with oral diuretics, a dryness of the mouth and throat caused by partial dehydration.

J.F. could have bursitis in his fingers caused by his profession. This has occurred in typists whose chairs are unsuitable for long-term work. I would have asked if his

*Diabetic (p113)*  
Diabetic 100 =

For a diabetic who needs a sugar chart suggests our subscriber

wrist was painful and his stance during his work.

Elizabeth. Possible early symptoms of a brain tumour? Any recent knock or blow to the head at sport or gym? Size of pupils, unequal size, slow response to light. Query concussion. No sale of any medication until seen by her physician.

I had a query some years ago from a girl of 23. She complained of blurred vision at nausea — not migraine. Questioning and examination showed tunnel vision. She had received a hard knock on the side of her face, level with the eye, from a safe handle. This caused temporary nerve damage. The sight returned to normal in three days.

W. George  
Glasgow

## Plymouth reunion

This year's reunion of former students of Plymouth School of Pharmacy realised a surplus of £60 which has been forwarded to the Birdsgrove House fund.

Will former students anxious for a reunion next year please let me know so that provisional arrangements can be made. I am any one prefers a 1986 date can they let me know (1 Saltburn Road, St Budeaux, Plymouth).

A.G.M. Madge  
Secretary, Plymouth Branch,  
Pharmaceutical Society

## Foundation to help salesmen

There must be many sales representative who are unaware of the existence of the Royal Pinner School Foundation, which is an educational trust set up for the purpose of assisting by means of grants and awards in the education, up to the age of 25, of sons and daughters of sales representatives where the family has suffered adversity.

If any of your readers would like to have further information I would be pleased to send them, on request, a copy of our leaflet.

S. Thurtell.  
Secretary, The Royal Pinner School Foundation, 110 Old Brompton Road, London

Chemist & Druggist 12 May 1986



# Unichem want 'all independent pharmacies'

**Our board and management will not until all eligible independent pharmacies have joined us" say them in their annual report.**

Chairman Norman Sampson, MPS, is going on all existing members to recruit at least one new shareholder member by the end of this year.

"You know it makes sense to be a shareholder in your own wholesale organisation" he says.

The company's ten-year record shows average annual turnover growth of 34 per cent since 1974. Last year's sales reached £26m (1974 = £24m), generating profits

of £26.2m (£600,000).

On parallel importing, Mr Sampson says he hopes the Government will introduce "long-overdue controls" before gathering momentum makes it impossible to stop the practice.

Nearly 500 Scriptwriters were sold during the year, with subscribers to the company's Unifichem microfilm service passing 1,000 for the first time.

"Unichem has grown to be the largest wholesaler in the country, but still has a long way to go", says Mr Sampson. "We are now recognised as the strongest independent voice representing pharmacy in the UK."

# ASL hit by Woolworth sales

**Woolworths' Cardiff branch — one of three to house a pharmacy — is among 40 stores to be sold off by the company.**

Pharmacy Advisory Services, who operate the Woolworth concession, have until the end of January next year to find new accommodation — perhaps with the

opticians who will also be made homeless by the sale. Woolworths have no other stores in Cardiff.

Thirty-two of the Woolworth stores have been bought by the Heron Corporation in a £50m deal. Two other stores have been sold independently. A further six are to be closed down completely.



A party of Japanese wholesalers from Chugai Pharmaceuticals recently toured Vestric's Paisley branch. They were shown round by operations controller Ken Houghton.

# 'France better' says industry

**Pharmaceutical industry representatives have told Health Minister Kenneth Clarke that even France — with a Socialist government — offers them a better investment climate than the UK.**

The Wessex Group, representing 11 foreign-owned drug manufacturers operating in the county, said cuts in the NHS medicines bill were making it difficult for them to persuade their parent companies to invest in the UK.

A period of stability was needed. "This would allow multinational companies to make investment decisions on a sound basis and British executives to make a good case for new research facilities and factories to be located here" they said.

This comes a week after the opening of new premises here by Bayer and Wyeth (*Business News* last week).

However, the Wessex Group point out that it will take years for the results of decisions taken now to become apparent. "The pace of such developments will slow" they say.

# Glue sniffing law soon

**The Government is to back a Bill making it illegal to sell solvents to young people for "glue sniffing."**

Tory MP Harry Greenway's Bill would make it an offence to sell solvents to people under 16 where the retailer "has reasonable grounds for believing they are likely to be inhaled to achieve intoxication."

Home Secretary Leon Brittan had already pledged Government support if such a Bill was introduced.

# Gremlins strike!

Last week's *Business News* story on Bayer (p889) referred to the company's results as "just amended." This should have read "just announced."

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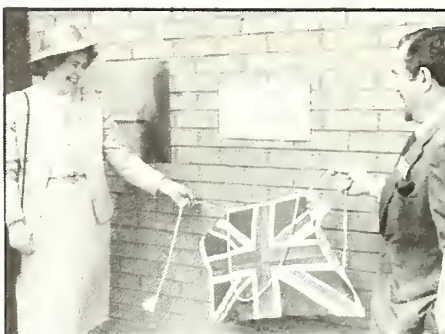
## CTPA condemns unit pricing

**There is no call for further EEC legislation on unit pricing of non-food packages, the Cosmetic Toiletry & Perfumery Association has told the Department of Trade & Industry.**

A draft EEC directive proposes that all goods (except a series of pack sizes specifically exempted) should be marked with a selling price and a unit price (ie price per g or ml). This means retailers could have to mark all goods twice, the second time having to calculate the unit price.

The disadvantages of unit pricing are numerous, says the CTPA. The cost, which could be considerable, will be passed straight on to the consumer. Unit pricing will be an additional administrative burden, and may lead retailers to limit the number of product lines stocked.

Retailers may refuse to stock products which do not fall within the exemptions from unit pricing, as is now the case in West Germany. It will also discourage retailers from taking special offers from manufacturers, and from offering their own



Contact lens manufacturers Hydron have moved to new and larger offices at Camberley in Surrey. The opening ceremony was carried out by local Mayoress Mary Kearney.

promotions, says the CTPA.

There is a real danger that the retail trade will exert pressure on manufacturers to price mark, leading to *de facto* price fixing.

The proposals do not indicate that there is a demand from consumers for such extensive measures, nor do they give an idea of the cost of implementation, says the CTPA.

The Government is unenthusiastic over the proposals, but as Retail Consortium's manager of European operations Douglas Herbison says, it cannot be relied upon to veto the directive. Although opposing the idea of unit pricing, the Consortium is working in Brussels to clarify proposals.

A verbal assurance that the directive will only apply to products sold by weight or volume has been received, which may spare chemists from having to unit-price packs of tablets. Nor will multipacks be involved under the directive.

## Good drug sales from Reckitts

**Reckitt & Colman's pharmaceutical division recorded good sales and profit growth in 1983.**

The company's annual report shows 1983 divisional sales of £103.07m in the division, £6.62m up on the previous year. Group turnover rose 11.5 per cent to reach £981m, generating pre-tax profits of £88.76m (C&D March 31 p638). Pharmaceutical business contributed profit of £20.67m (1982 £16.63m).

**Booker McConnell** have sold their Canadian Health Supply Centre business Winnipeg-based Vita-health.

**Zaf** have moved to Radford Court, Ilkeston Road, Radford, Nottingham NG7 3HD (tel 0602 780808).

## COMING EVENTS

### Courses for horses

Courses for persons wishing to be responsible for agricultural merchant's premises, in line with proposed changes in the law, have been arranged by the Animal Health Trade Association Group.

So called "nominated persons" will only be recognised if they are registered with the AHTAG by January 1, 1985, when the proposed changes are expected to take effect.

The AHTAG has agreed a syllabus with four agricultural colleges. Details available from: Mr D. S. Papworth, secretary to AHTAG, P.O. Box 3, Sheringham, Norfolk.

### Unichem fair

Unichem's Preston branch has organised a trade show for its 500 members set for May 20 at Haydock Park race course.

Sixty ethical and OTC manufacturers are due to take part. The show is to run from midday to 8pm, and is to include entertainment and side shows for the family, say Unichem.

**Monday, May 14**

**Epsom Branch, Pharmaceutical Society.** Bradbury postgraduate medical centre, Epsom District Hospital (2nd floor), at 7.45pm. Annual meeting.

**Wednesday, May 16**

**Sheffield Branch, Pharmaceutical Society.** The lecture theatre, the medical school, Beechill Road, Sheffield, at 8pm. Her Grace the Duchess of Devonshire on "Living in Chatsworth". Joint professional lecture.

**Thursday, May 17**

**Barnet Branch, Pharmaceutical Society.** Afternoon visit to Roche Products Ltd, Welwyn Garden City. Details from Mrs A. Samuels, tel 01 446 4201.

**Saturday, May 19**

**West Metropolitan Branch, Pharmaceutical Society.** Holiday Inn, 134 George Street, Marble Arch, London, 7.30pm. "Western" dinner dance. Cost £15 (£11 for Chelsea College students). Application to Susan Faulding, Staff Pharmacist, Hammersmith Hospital, London W12 0HS (tel 01 743 2030).

**Advance information**

**National Pharmaceutical Association.** Debenhams conference room, College for the Distributive Trades, 30 Leicester Square, London, May 23, at 9.45am. "Health foods and the retail pharmacist". Seminar on the role for retail pharmacists in the health food market, product mixes and sources of supply, and information on major product areas. £22 (inc VAT) for NPA members, £26 for non-members. Lunch not included. Information and application forms from NPA Training department, Mallinson House, 40 St Peter's Street, St Albans Herts AL1 3NP.

**Information Technology Circles-Retail.** Kensington Close Hotel, London, on June 17. One day seminar on "Training staff to meet the challenge — of new technology", designed to help managers in retail organisations who are considering electronic POS, and new technology. Fee £190 + VAT. Details from Spectra Services, Keyensbridge House, Wokingham Road, Hurst, Berks RG10 0RY (tel 0734 345585).

**Hobbypharm sailing club.** Norfolk Broads, May 30 and 31. Sailing two wherry yachts. Cost £15 including pub lunch. Each boat has a limit of 12 crew. Club membership is free to all community pharmacists. Details from Winpharm, Sterling Winthrop House, Surbiton upon Thames, Surrey KT6 4PH (tel 01 399 4242).

**University of Aston.** Postgraduate medical centre. East Birmingham Hospital, June 19 at 7.30pm. "Holiday medicine

chest". Joint meeting for GPs and pharmacists on how community pharmacists can best advise on medicines to take abroad. Details and applications from Alison Morley, continuing education, courses organiser, pharmacy department, University of Aston, Birmingham, B4 7ET 9. Tel 021 359 3611 ext 41999.

**Retail Management Development Programme.**

Chumberland Hotel, London, on June 20. One day seminar. "Techniques for shop location". Details from Sue Campbell, RMDP, 61 Ship Street, Brighton, Sussex BN1 1AE (tel 0273 722687).

**Retail Management Development Programme.**

Chumberland Hotel, London, on June 21. One day seminar. "Micros in retailing". Information from Sue Campbell, address above.

**Interphex.** Metropole Exhibition Centre, Brighton, June 26. International exhibition and conference for the pharmaceutical, cosmetics, toiletry, perfumery and allied industries. Information from Kay Williamson, Chatsworth House, 59 London Road, Twickenham, Middlesex TW1 3SZ (tel 01 891 5051).

**United Kingdom Clinical Pharmacy Association.** The Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN, June 27. "Developing pharmacy services: home care patients". Topics to be covered include organics, diabetes, terminal care in the community and others. Fees for members, £25 for non-members. Information from Dr I. Anderson, District Pharmaceutical Officer, St Mary's Hospital, Praed Street, London W2 1NY (tel 01 927 1180).

**Clinical Nutrition.** University of Leeds, department of medicine, St James's University Hospital, Leeds, September 12. The second Leeds Course in Clinical Nutrition, intended to provide a grounding in all aspects of clinical nutrition to clinical dietitians, hospital pharmacists, nutritionists, and others. £7. NHS staff and members of UK academic institutes. Other participants on application. Accommodation can be arranged in Univel halls. Application forms and information from Mr T. D. Bilby, director of continuing education, department adults and continuing education, University of Leeds, Leeds LS2 9JT (Leeds 435036).

**Royal Society of Health.** The University of Birmingham, 12. Conference on Parkinson's disease, covering the nature, disease, problems experienced by families and carers, social help, etc. Fees are £20 for members, £30 non-members incl lunch and refreshments. Information from the Royal Society of Health, 13 Grosvenor Place, London SW1X 7EN (tel 01 235 9961).



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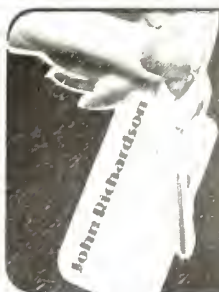
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## NI executive 'in the frame'

**Ursula Cullen, marketing and sales executive of Belmont Photographic Services Ltd, Belfast was runner-up in the Northern Ireland "Young Female Executive of the Year, 1984" awards. She has been with the company for two years.**

The awards are sponsored by Century Newspapers in association with the NI division of the Business and Professional Womens Federation. The judges look for women in the 21-35 year old age group working in the professions, industry or business, who have achieved distinction in their sphere and contributed to the commercial life of the Province.

The twelve finalists, selected from entries all over the Province, gave a final presentation in front of a specialist panel of judges and 200 guests at a gala evening in Belfast last month.

## Marathon Man

**Mr Barrie Doar, staff pharmacist in distribution, Royal Free Hospital, London, is to run in the London Marathon on Sunday adorned with the words, "Ask your pharmacist for advice."**

Mr Doar hopes to raise money for local hospital and community schemes. His major sponsor is the National Pharmaceutical Association which has offered him £10 a mile or £400 if he completes the course. He will wear a shirt carrying the NPA's advertising campaign slogan.



The reader who drew this display stand to our attention had absolutely no comment to make... and neither do we.



Ursula Cullen (right) receives her trophy as runner-up, NI Young Female Executive, 1984, from Lady Faulkner

## Vetted?

Mr Hugh Tasker, of Selkirk, and Mr Andrew Cairns of Dumfries, are to be considered for membership of the Veterinary Products Committee.

Following representations from the Pharmaceutical Society the Minister of Agriculture, Mr Michael Jopling, had agreed that a practising pharmacist should again be appointed. The last such pharmacist had not been replaced after his resignation.

## APPOINTMENTS

**Duracell (UK) Ltd:** Roy Doughty is appointed marketing director.

**Beecham Proprieties — Toiletries:** Trevor Phillips becomes general sales manager.

**Revlon International:** Evelyn Rose Glazer — subject of a *C&D* profile when she left Rimmel in July last year — is to join the company as special consultant on new ventures.

**Hanimex (UK) Ltd:** Lionel Callow is appointed national accounts manager in the photographic division. He is one of the company's longest-serving employees, having joined in 1968.

**Stiefel Laboratories (UK) Ltd:** Nigel Winsey becomes business development manager. He joins the company from Celltech. Dr Stephen Hempling is appointed medical advisor.

**Pharmax Healthcare Ltd:** Richard Hart takes up a post as marketing manager. He joined parent company Pharmax in April 1983 as OTC business development manager.

## 'Pills and you'

**Earl Mindell, an American pharmacist and nutritionist, has written a guide to "pharmaceutical nutrition" called "Pills and you" (hardback £7.95, softback £3.95 Arlington Books).**

The book gives information on basic modes of action, contraindications, interactions and side effects of many prescription and OTC preparations. He looks at reading prescriptions, storing medicines and 'what chemists do and don't know about drugs.'

Mr Mindell recommends various natural foods, supplements and herbs for combating drug side effects.

He says a cup of basil tea or chewing on a stick of ginger is good for nausea and vomiting, for example. And there is advice on foods which interact with drugs — so reducing or increasing their efficacy.

The book looks at dietary treatment of some diseases such as arthritis, diabetes and heart trouble.

Mr Mindell advocates the holistic approach to medicine and hopes that the role of vitamins and minerals in curative as well as preventive medicine will eventually be realised.

**Farley Health Products Ltd:** Godfrey Axten is appointed to the new position of international business development manager. He has spent the last four years with E. Merck in Germany as group product manager for OTC products.

**Procter & Gamble Ltd:** Mr J F. Van Horne joins the board and takes up the newly-created post of general manager, personal care products. He also joins the company's management committee. Mr A H. Welch, former manager for personal care products in the UK, is moving to the American parent company. Personnel manager Mr R. Cole also joins the board.

**Varta Batteries Ltd:** Ron Hammond is appointed marketing manager in the consumer division. He worked previously for Saft, where he had responsibility for launching the Mazda battery range. He has also worked for Ever Ready. Robin Closs becomes commercial director at Crewkerne, and Barry Wells is appointed general sales manager for the consumer division.

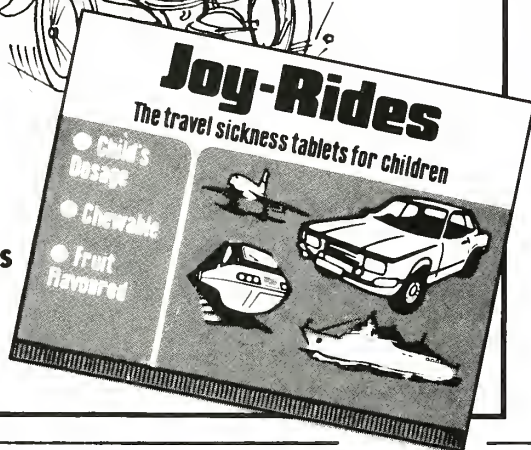
**Peter Rule** has resigned as a director of Interhealth and Modern Health Products to pursue his own interests.



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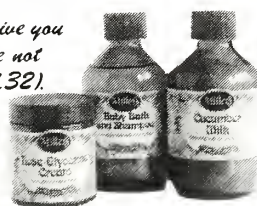
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